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ABSTRACT

Developed for students in a cooperative training program in health occupations education, this study guide is designed for individualized study of competencies for nurse aides, orderlies, and attendants. It follows the general responsibilities outlined in the Dictionary of Occupational Titles. The occupational outlook and job description are first presented. Information sheets, assignment sheets, and job sheets are then provided for each competency. Competencies included for Nurse Aide, Medical Service are: answer signal lights and bells to determine patient's needs; bathe patient; assist patient to dress or undress; serve and remove patient trays; feed patient; transport or assist patient to walk; drape patient for examinations or treatment; dust and clean patients' rooms; change bed linens; run errands and direct visitors; answer telephone; take and record temperature, pulse, and respiration rates; measure and record food and liquid intake and output; apply cold; and apply heat. For Nurse Aide, Central Supply, the competencies are: prepare dressing packs; sterilize packs, trays, and other supplies; clean supplies; prepare treatment trays; and issue and store supplies. Competencies for Nurse Aide, Delivery, are prepare patients for delivery, and clean delivery rooms. For Nurse Aide, Nursery, the competencies are bathe, weigh, dress, and feed newborns. Other contents of the guide include student progress charts, assignment sheet answers, tests, and test answers. (YLB)

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STUDENT'S INDIVIDUALIZED
STUDY PACKET

NURSE AIDE

D.O.T. 355.674-014

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NURSE AIDE

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FOREWORD

This study guide has been prepared for students in a Cooperative Training Program in Health Occupations Education.

The guide follows the general responsibilities outlined in the Dictionary of Occupational Titles for each occupation. Even though the study guide is designed for individualized study, the coordinator should closely supervise each student's activities.

The information sheet should be used by the student in completing the assignment sheets and job sheets. The pen and paper assignments should be handed in to the coordinator, and the jobs should be performed in class under the coordinator's supervision. Occasionally it may be more practical for the co-op student to complete a job assignment at work under the supervision of the training sponsor. The student will take the test when all assignments and jobs are completed.

Tests, answers to assignment sheets, and answers to tests are packaged together at the back of the study guide. It is suggested that the instructor remove and file the answers prior to distributing the student guides.

Graded assignment sheets and tests may be returned to the student to be kept in notebooks and used for reference.

Upon satisfactory completion of a general responsibility, the teacher should mark the student's progress chart and the corresponding class progress chart.

A student may complete competencies in other study guides in related health occupations if time permits. In this way, the student will have a broader base of information and be better equipped to enter the job market. A student progress chart for additional related competencies is included.

For information on other study guides available, contact the Occupational Curriculum Laboratory, East Texas State University, Commerce, Texas 75428.

OCCUPATIONAL OUTLOOK

NURSING AIDES, ORDERLIES, AND ATTENDANTS

335.674-014

NATURE OF THE WORK

Nursing aides, orderlies, and attendants perform a variety of duties in caring for sick and injured people. Other job titles include hospital attendant, nursing assistant, auxiliary nursing worker, geriatric aide, and (in mental institutions) psychiatric aide.

Nursing aides and orderlies answer patients' bell calls and deliver messages, serve meals, feed patients who are unable to feed themselves, make beds, and bathe and dress patients. They also may give massages, take temperatures, and assist patients in getting out of bed and in walking. Orderlies escort patients to operating and examining rooms and transport and set up heavy equipment. Some attendants may work in hospital pharmacies or supply rooms, storing and moving supplies.

The duties of nursing aides depend on the policies of the institutions where they work, the type of patient being cared for, and--equally important--the capacities and resourcefulness of the nursing aide or orderly. In some hospitals, they may clean patients' rooms and do other household tasks. In others, under the supervision of registered nurses and licensed practical nurses, they may assist in the care of patients. The tasks performed for patients differ considerably, and depend on whether the patient is confined to bed following major surgery, is recovering after a disabling accident or illness, or needs assistance with daily activities because of infirmity caused by advanced age.

Another occupation similiar to nursing aide is homemaker-home helath aide. Working in the homes of patients, they perform duties similar to those of nursing aides, as well as doing the cooking and other light housework.

PLACES OF EMPLOYMENT

About 1 million persons worked as nursing aides, orderlies, and attendants in 1976. Most work in hospitals, although a rapidly growing number work in nursing homes and other institutions that provide facilities for long-term care and recuperation.

TRAINING, OTHER QUALIFICATIONS, AND ADVANCEMENT

Although some employers prefer high school graduates, many, such as Veterans Administration hospitals, do not require a high school diploma. Employers often accept applicants who are 17 or 18 years of age. Others--particularly nursing homes and mental hospitals--prefer to hire more mature persons who are at least in their mid-twenties.

Nursing aides generally are trained after they are hired. Some institutions combine on-the-job training, under the close supervision of registered or licensed practical nurses, with classroom instruction. Trainees learn to take and record temperatures, bathe patients, change linens on beds that are occupied by patients, and move and lift patients. Training may last several days or a few months, depending on the policies of the hospital or other institution, the complexity of the duties, and the aide's aptitude for the work.

Courses in home nursing and first aid, offered by many public school systems and other community agencies, provide a useful background of knowledge for the work. Volunteer work and temporary summer jobs in hospitals and similar institutions also are helpful. Applicants should be healthy, tactful, patient, understanding, emotionally stable, and dependable. Nursing aides, as other health workers, should have a genuine desire to help people, be able to work as part of a team, and be willing to perform repetitive, routine tasks.

Opportunities for promotions are limited without further training. Some acquire specialized training to prepare for better paying positions such as hospital operating room technician.

To become licensed practical nurses, nursing aides must complete the year of specialized training required for licensing. Some in-service programs allow nursing aides to get this training while they continue to work part time.

EMPLOYMENT OUTLOOK

Employment of nursing aides is expected to increase faster than the average for all occupations through the mid-1980's. In addition to those needed because of occupational growth, many thousands of nursing aides will be needed each year to replace workers who die, retire, or leave the occupation for other reasons.

Although most jobs for nursing aides and orderlies currently are in hospitals, most new openings will be in nursing homes, convalescent homes, and other long-term facilities. Major reasons for expected occupational growth are the increasing need for medical care of a growing population, including a larger proportion of elderly people, and the increasing ability of people to pay for health care, largely as a result of the growth in public and private health insurance.

EARNINGS AND WORKING CONDITIONS

Nursing aides, orderlies, and attendants earned salaries that were below the average for all nonsupervisory workers in private industry, except farming. Nursing aides employed full time by nursing homes and related facilities earned considerably less than those in hospitals. Depending on the experience of the applicant, starting salaries of nursing aides in Veterans Administration hospitals ranged from $125 to $140 a week in 1977. The average salary earned by nursing aides employed by the Federal Government was $185 a week in 1977.

With few exceptions, the scheduled workweek of attendants in hospitals is 40 hours or less. Because nursing care must be available to patients on a 24-hour-a-day basis, scheduled hours include night work and work on weekends and holidays.

Attendants in hospitals and similar institutions generally receive paid vacations which, after 1 year of service, may be a week or more in length. Paid holidays and sick leave, hospital and medical benefits, shift differentials, and pension plans, also are available to many hospital employees.

SOURCES OF ADDITIONAL INFORMATION

Information about employment may be obtained from local hospitals and nursing homes. Additional information about the work of nursing aides, orderlies, and attendants is available from:

Division of Careers and Recruitment, American Hospital
Association, 840 N. Lake Shore Dr., Chicago, Ill. 60611.

(Material taken from Occupational Outlook Handbook, 1978-79 ed.)

Job Description--Dictionary of Occupational Titles

NURSE AIDE (medical ser.)

355.674-014

Assists in care of hospital patients, under direction of nursing and medical staff.

GENERAL RESPONSIBILITIES

Answers signal lights and bells to determine patient's needs

Bathes, dresses, and undresses patients

Serves and collects food trays and feeds patients requiring help

Transports patients to treatment units, using wheelchair or wheeled carriage, or assists them to walk

Drapes patients for examinations and treatments, and remains with patients, performing such duties as holding instruments and adjusting lights

Dusts and cleans patients' rooms

Changes bed linens, runs errands, directs visitors, and answers telephone

Takes and records temperature, pulse, and respiration rates, and food and liquid intake and output, as directed

May apply compresses and hot water bottles

ALTERNATE TITLES

Hospital Attendant

Nursing Assistant

UNDEFINED RELATED TITLES

Nurse Aide, Central Supply--May clean, sterilize, store, prepare, and issue dressing packs, treatment trays, and other supplies

Nurse Aide, Delivery--May prepare patients for delivery and clean delivery rooms

Nurse Aide, Nursery--May bathe, weigh, dress, and feed newborn babies

Nurse Aide, Surgery--May clean, sterilize, and assemble into packs, supplies and instruments used in surgery and maintain instruments used in surgery, and maintain cleanliness and order of operating rooms

STUDENT'S INDIVIDUALIZED
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NURSE AIDE

MEDICAL SERVICE

D.O.T. 355.674-014

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ANSWER SIGNAL LIGHTS AND BELLS TO DETERMINE PATIENT NEEDS

INFORMATION SHEET

The attendant is responsible for observing calls and responding as quickly as possible. The signal light and bell system varies among medical facilities. It is the responsibility of the nurse aide to learn the system where one works.

The light call signal produces a light when used, but in most medical facilities it makes no sound.

The bell or buzzer call signal (in addition to the light at the bedside) is equipped to allow the patient to make a request and to receive an answer from the nurses' station. The signal cord is usually attached to the wall panel which is near the head of the bed. Patients use this signal by pressing the button on the device. The attendant receives the message and answers the patient by speaking through the control station at the nurses' station.

The emergency call signal is provided for the patient to use when help is needed immediately. These signals are located at bedside and in the bathroom. The bathroom signal will be labeled for easy identification. In some hospitals the call signal can serve as an emergency signal. In an emergency, the signal is pulled from the wall panel. This activates an emergency signal at the nurses' station.

The attendant should always speak clearly and be polite when answering a patient's call. Look at the patient as you speak to her/him. Call the patient by name as Ms. Thompson or Mr. Taylor. Special responsibility and alertness are needed to recognize and answer signal lights and bells.

ANSWER SICNAL LIGHTS AND BELLS TO DETERMINE PATIENT'S NEEDS

ASSIGNMENT SHEET #1--COMPLETION STATEMENTS

Objective: After completing this activity, you will be able to recall procedures for answering signal lights and bells.

Directions: Complete the following sentences.

1. The attendant is responsible for observing calls and _____ as quickly as possible. ____________1.
2. The light call signal produces light, but usually makes no _____. ____________2.
3. The bell or buzzer call signal is equipped to allow the patient to make a request and receive an answer from the ____________3.
4. The _____ call signal is provided for the patient to use when help is needed immediately. ____________4.
5. The attendant should speak _____ and polietly when answering patient's call ____________5.

ANSWER SIGNAL LIGHTS AND BELLS TO DETERMINE PATIENT'S NEEDS

ASSIGNMENT SHEET #2--FIELD TRIP TO NURSING STATION OF LOCAL HOSPITAL

Objective: After completing this activity, you will be able to describe the system of signal lights and bells used in the local hospital.

Directions: This activity is designed to provide an opportunity for students to see an actual system of signal lights and bells. After the field trip you will write a description of the communication system you observed. The description should include:

(1) the location of the patient's bell or buzzer call signal

(2) the location of the emergency call signal or description of call signals modified for emergency

(3) a description of any other type of communication in use, such as closed circuit television or light signals

ANSWER SIGNAL LIGHTS AND BELLS TO DETERMINE PATIENTS'S NEEDS

JOB SHEET # 1--THE LIGHT CALL SIGNAL

Objective: After completing this activity, you will be able to recognize and answer light signals.

I. Tools and Equipment (where equipment is available):

   A. Light above room door (optional)

   B. Panel control at nurses' station

   C. Hand control unit in patient's room

II. Procedure:

   A. Recognizing light signals

      1. The attendant sees the light above the door or the nursing station panel.

      2. The position of the light call signal may vary from one institution to another.

   B. Answering the light

      1. If you are answering a patient's call at the communication panel at the nurses' station, identify yourself, then reply to the patient's call for help with courtesy and understanding.

      2. Always address adult patients as Mr., Mrs., or Ms., and use your professional name, usually your last name.

ANSWER SIGNAL LIGHTS AND BELLS TO DETERMINE PATIENT'S NEEDS

JOB SHEET #2 (where equipment is available)

THE BELL OR BUZZER SIGNALS

Objective: After completing this activity, you will be able to recognize and answer the bell or buzzer signal using the communication system.

I. Tools and Equipment
   A. Communication panel at nurses' station
   B. Patient call bell or buzzer

II. Procedure
   A. Recognizing the bell or buzzer signals
      1. The attendant will hear the bell or buzzer from the control station
      2. The attendant will see the light and room number on the nurses' station control panel
   B. Answering the bell or buzzer signals, using the communication system
      1. Answer the patient's call for assistance in a courteous and understanding manner. Do not call adult patients by their first names

         Example: "May I help you, Mr. or Ms. Jones?"
      2. Determine the patient's reason for calling
      3. Assure the patient that the request will receive attention
      4. Be sure that the patient's request is within your responsibility. If in doubt, consult the supervisor and be sure that request is given to proper person
      5. Carry out the patient's request
      6. Report the request or any changes in the patient's condition
      7. Be sure that call signal at the nurses station is cancelled. The procedure varies according to equipment used. Often it involves turning the switch.

ANSWER SIGNAL LIGHTS AND BELLS TO DETERMINE PATIENT'S NEEDS

JOB SHEET #3 (where equipment is available)

EMERGENCY CALL SIGNAL

Objective: After completing this activity, you will be able to answer an emergency call signal.

I. Tools and Equipment:

   A. Communication panel at nurses' station

   B. Communication device in patient's room

II. Procedure:

   A. Go directly to the patient. This call signal cannot be cancelled in the nurses' station

   B. Do not cancel the signal if additional help is needed

   C. Never leave a patient in an emergency condition to go for help. Stay with the patient until help arrives. In some hospitals, unplugging the call bell from the wall panel activates an emergency signal

   D. Be sure that patient's request is within your responsibility. If in doubt, consult supervisor, but be sure request is carried out

   E. After answering an emergency call signal, report the patient's reasons for calling and what was done

BATHE A PATIENT

INFORMATION SHEET

Types of baths are a complete bed bath, partial bed bath, tub bath, shower, therapeutic bath, and sitz bath.

A complete bed bath is given to patients who are unable to get out of bed. The patient's entire body is washed. A partial bed bath means that only those parts of the body are bathed that may cause illness, odor, or discomfort if neglected. Body parts that may need washing in a partial bed bath are the mouth, eyes, face, hands, underarms, genitalia, or back. Some patients are able to take tub or shower baths. The attendant must supply linens and soap, adjust room and water temperature, assist the patient to and from the bathroom, and assist the patient to bathe if necessary. A therapeutic bath is given as a treatment for the patient. Examples are an alcohol bath, or a bath in which medication is added to the bath water. A sitz bath is one in which the patient sits in a tub of warm to hot water. The thighs, buttocks, and abdomen below the umbilicus are immersed in the water.

Baths are given not only to clean the patient but also to promote circulation, to provide relaxation, and to provide passive exercise. The bath provides an opportunity for the attendant to observe the patient's mood and physical condition.

It is important that the attendant, while helping the patient with a bath, maintain privacy, establish communication, and note the patient's physical, mental, and emotional state. The attendant must report any abnormal behavior. Ethical conduct is practiced at all times. The attendant should show an interest in the patient. Avoid at all times discussing problems with the patient.

BATHE A PATIENT

ASSIGNMENT SHEET #1--QUESTIONS TO ANSWER

Objective: After completing this activity, you will be able to recall the procedure for bathing a patient.

Directions: Answer the following questions.

1. List six types of baths.
2. Cite four reasons for bathing a patient.
3. What three things should be noted when helping the patient with a bath?
4. List seven parts of the body that may need washing in a partial bed bath.
5. Give two examples of therapeutic baths.

BATHE A PATIENT

JOB SHEET--THE COMPLETE BED BATH

Objective: After completing this activity, you will be able to bathe a patient.

I. Tools and equipment:

   A. Washbasin

   B. Soap in a soap dish

   C. Washcloth

   D. Face and bath towels

   E. Clean gown

   F. Two bath blankets

   G. Manikin

   H. Hospital bed

II. Procedure
(Use manikin in hospital bed as patient.)

   A. Greet patient.

   B. Explain procedure.

   C. Collect equipment needed.

   D. Adjust room ventilation and lighting.

   E. Screen patient or close room door.

   F. Remove clothing.

   G. Place bath blankets over and under patient

   H. Put warm water in bath basin, fill 2/3 full, and place on bedside stand or over-the-bed table.

   I. Make a mitten from the washcloth by wrapping it around the hand or prepare diamond-shaped washcloth.

J. Fold wash cloth in fourths to form a square. (Fig. 1)

K. Place hand over squared washcloth, palm down, with little finger and thumb extended. (Fig. 2)

L. Grasp one side of folded wash cloth between little finger and ring finger, and the opposite side between index finger and thumb. This results in the washcloth in a diamond shape in the palm of the hand. (Fig. 3)

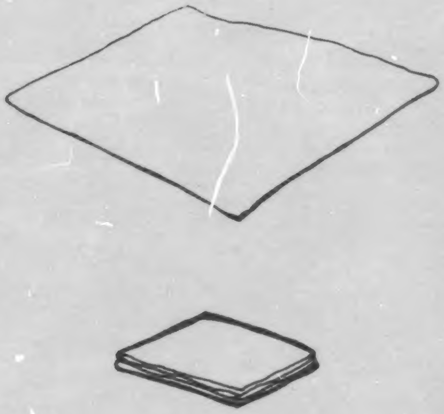


Fig. 1

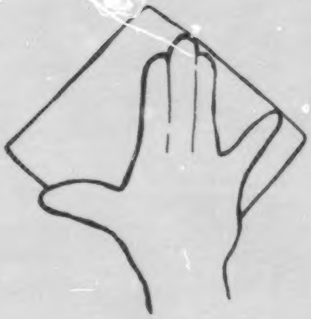


Fig. 2

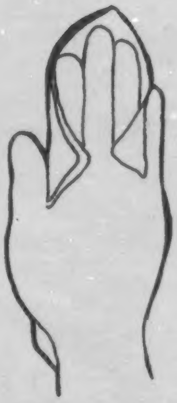


Fig. 3

M. Wet washcloth and wring it so it does not drip. Ask if soap is used on the face.

N. Wash face by cleaning the eyes first.(Note: always wash from the nose toward the ear), then bathe the face, neck and ears.

O. Rinse and dry each area.

P. Place face towel over chest area, pulling top sheet down to below the waist.

Q. Wet the washcloth; using circular motion, bathe the chest, sides and abdomen. (Expose only the area being bathed.)

R. Spread the bath towel on the bed under the full length of the arm farthest away from you.

S. Bathe the hand, washing well between fingers and in the palm of the hand.

T. Continue bathing the arm from the hand upward to the armpit.

U. Repeat procedure on arm closest to you.

V. Assist patient in turning to the opposite side and expose the back.

W. Wash, rinse, and dry back. Rub back to relax patient.

X. Assist patient in turning onto back, then bathe,rinse, and dry the legs.

Y. Allow patient to place one foot at a time in the washbasin of warm water (supporting the leg while holding on to the washbasin to avoid wetting mattress).

Z. Clean well between the toes; encourage exercising of toes and feet.

aa. Dry well between the toes.

bb. Empty basin.

cc. Refill basin 2/3 full with clean, warm water, and replace on bedside stand.

dd. Ask patient if she/he is able to wash own genitalia.

ee. If so, provide privacy and make sure that basin, washcloth, soap, and towels are placed within the patient's reach.

ff. If not, if patient is of same sex as the attendant, wash and dry genital area. Be sure to cleanse the inside labia of female patients.

gg. If patient is of the opposite sex, ask an attendant of the same sex as patient to bathe him/her.

hh. Empty basin, clean, and replace all equipment.

ASSIST THE PATIENT TO DRESS OR UNDRESS

INFORMATION SHEET

Patients may need help to dress or undress for a variety of reasons. Some of the more common ones are:

1. Weakness
2. Pain
3. The patient may be in a cast
4. Paralysis
5. Lack of maturation (infants and small children)
6. Brain impairment
7. Special appliances or equipment used
8. Absence of a portion of a limb
9. Lack of vision
10. Emotional dependence

The following are general guidelines the attendant should follow in dressing or undressing the patient.

1. Maintain good body alignment while carrying out procedures
2. Move patient to proximal (nearest) side of bed for easier working position
3. Dress and undress the patient without imposing discomfort, stress, or unnecessary exposure or injury.
4. When assisting the patient to dress, the garment is placed on the affected side first
5. When assisting the patient to undress, the garment is removed from the affected side last.

ASSIST THE PATIENT TO DRESS OR UNDRESS

ASSIGNMENT SHEET #1--QUESTIONS TO ANSWER

Objective: After completion of this activity, you will be able to recall procedures for helping a patient to dress or undress.

Directions: Answer the following questions.

1. List ten reasons that patients may need help to dress or undress.

2. When assisting the patient to dress, on which side is the garment placed first?

ASSIST PATIENT TO DRESS OR UNDRESS

JOB SHEET #1--ASSIST PATIENT TO PUT ON AND REMOVE GOWN

Objective: After completing this activity, you will be able to help a patient to put on and remove a gown.

I. Tools and equipment:

- A. Gown
- B. Manikin (clothed student)
- C. Hamper for soiled gown

II. Procedure:

- A. Greet patient and explain procedure
- B. Roll patient onto the far (distal) side
- C. Untie the neck and back ties of gown
- D. Return patient to back
- E. Take the patient's far arm from the sleeve, leaving the gown in place over the chest
- F. Take the patient's near (proximal) arm from the sleeve leaving the gown in place over the chest
- G. Place your hand inside the far sleeve of the clean gown.
- H. Pull the patient's far hand through the sleeve
- I. Arrange gown at far shoulder
- J. Repeat this process with the near hand and sleeve
- K. Take the soiled gown from under the clean gown leaving the patient covered
- L. Turn the patient to one side and tie neck and back ties
- M. Place soiled gown in clothes hamper.
- N. Thank patient for cooperation

ASSIST PATIENT TO DRESS OR UNDRESS

JOB SHEET #2--ASSIST PATIENT IN PUTTING ON PANTS

Objective: After completion of this activity, you will be able to assist a patient to put on pants.

I. Tools and equipment:

   A. Pants

   B. Manikin (clothed student)

   C. Hamper for soiled clothing

II. Procedure:

   A. Greet patient and explain procedure

   B. Pull top of cover back from the foot of the bed and over the patient's knees

   C. Position the patient on the proximal side of the bed so that the feet and legs can be reached without stretching

   D. Lower the bed to a flat, working position

   E. Gather most of one leg of the garment in one hand

   F. Grasp the patient's distal ankle with the other hand

   G. Guide the foot through the pants leg

   H. Repeat Steps 4 through 6 with the other leg

   I. Ease the pants up over the knees and thighs

   J. Have the patient raise the buttocks and slide the pants up on each side, pulling them to the waist

   K. If patient is unable to raise self, roll the patient in a position that faces the attendant,and pull the pants up to the waist on that side

   L. Roll the patient to the proximal side and pull the pants up to the waist on the other side

   M. Fasten the pants at waist

   N. Be sure to close properly

   O. Place soiled clothes in clothes hamper

   P. Thank patient for cooperation

ASSIST PATIENT TO DRESS OR UNDRESS

JOB SHEET #3--ASSIST PATIENT TO DRESS AND UNDRESS WHILE RECEIVING INTRAVENOUS TREATMENTS

Objective: After completing this activity, you will be able to demonstrate the procedure for assisting a patient to dress and undress while receiving intravenous treatments.

I. Tools and equipment:

  A. Gown*

  B. Manikin with intravenous tubing

  C. I.V. bottle and standard

  D. Hamper for soiled clothing

II. Procedure:

  A. Assemble equipment

  B. Greet patient and explain procedure

  C. Untie neck and back ties of soiled gown

  D. Place clean gown over patient

  E. Remove I.V. bottle from standard

  F. Carefully remove patient's affected arm from sleeve of soiled gown, taking care to keep patient covered with clean gown

  G. Slide the soiled gown along the tubing

  H. Support the I.V. bottle with one hand above the level of the arm

  I. Using other hand, slip the soiled gown over the I.V. bottle.

  J. Replace I.V. bottle on standard

  K. Take care to avoid disconnecting needle and tubing in procedure

  L. Carefully remove opposite arm from soiled gown

  M. Place soiled gown with dirty linen

  N. Remove I.V. bottle from standard,holding bottle by hanger

O. Put bottle and tubing through sleeve of clean gown

P. Replace I.V. bottle on standard

Q. Adjust gown for patient's comfort

R. Put other arm through remaining sleeve

S. Tie neck and back ties of clean gown

T. Place soiled gown in hamper

U. Thank patient for cooperation

*Hospital gowns specifically designed for use for patient's receiving intravenous treatments are now available. Instead of shoulder seams, these gowns have snap closures at the shoulders. To remove them, simply unfasten the shoulder seams; thus the gown may be removed without disturbing the intravenous tubing.

To put a clean gown on the patient, place the unsnapped gown over the patient, arrange in place without disturbing the intravenous tubing. Close the shoulder seams by means of snaps.

SERVE AND REMOVE PATIENT TRAYS

INFORMATION SHEET

Mealtime is an important time. Meals break monotony and should be pleasant.

Be certain to give the right tray to the right patient. Call the patient by name as, Mrs. Taylor or Mr. Allen. Check the patient's bed tag or arm band against the card on the tray. Be cheerful and friendly, but quiet in manner. Watch for NPO signs on door or head of bed.

Position the overhead table for patient's comfort, if permitted. As you place the tray on the overbed table, check to see that the silverware, napkin, and foods are in place. Help to prepare food by opening milk cartons, pouring coffee, or buttering bread. Ask the patient if more help is needed.

If the patient comments, listen attentively. Report complaints and compliments to the supervisor. If the patient asks for food or drink not on the tray, check with the ward clerk or supervisor to find out if this is allowed. If it is, go to the dietary kitchen and get the substitute food or drink.

If the patient requires other service, tell him/her that you will send a nurse.

Remember that the patient may feel ill and not up to par. Never talk back or be rude to the patient or the family.

When the patient has finished eating, carefully remove the tray from the table. Place it on the food cart.

If the patient is blind, tell what is on the tray and describe the position of the foods. A good way to describe the location of food on the plate is to compare food locations to the numbers on a clock face. For example, tell the patient "your milk is at 3:00 o'clock, and your bread is at 9:00 o'clock."

SERVE AND REMOVE PATIENT TRAYS

ASSIGNMENT SHEET #1--ROLE-PLAY SERVING TRAY TO PATIENT

Objective: After completing this activity, you will be able to serve a tray and deal with a patient's complaint.

Directions: Select a partner to assume the role of a bedfast patient. Using a tray, dishes, glasses, silver, and napkin, serve your partner. After the tray has been served, your partner will complain about the food. The attendant will react to the complaint.

SERVE AND REMOVE PATIENT TRAYS

ASSIGNMENT SHEET #2--COMPLETION STATEMENTS

Objective: After completing this activity, you will be able to recall the procedure for serving and removing patient trays.

Directions: Complete the following statements by adding the word that best completes the meaning.

1. You can make sure you are serving the correct tray to the patient by calling the patient by name, by checking the bed tag, or ____________1.
2. Be sure to watch for ___ signs on the door or at the head of the bed. ____________2.
3. To whom are patient complaints and compliments reported? ____________3.
4. Where should the tray be placed when the patient has finished eating? ____________4.
5. Blind patients should be encouraged to be as ___ as possible. ____________5.

FEED A HELPLESS PATIENT

INFORMATION SHEET

One of the responsibilities of the attendant is to feed helpless patients. When this is necessary, the doctor will write the order to feed the patient. Examples of patients unable to feed themselves are those who are injured, those who are emotionally disturbed, or those too weak to use eating utensils.

Mealtime is often one of the highlights of the day for a patient. Therefore, the attitude of the attendant is extremely important. Try to maintain a relaxed and unhurried attitude. Many times the patient finds it uncomfortable and disturbing to be dependent on you at mealtime. Your attitude of patience, concern, and cheerfulness will encourage the patient to eat and makes the entire meal more pleasant. Sometimes, the patient may express feelings of irritability and resentment, but your attitude will help him/her to overcome the feeling of despair that may accompany helplessness.

Some important things to remember when feeding a patient are: take as much time as needed, offer small amounts, and use a spoon rather than a fork. Describe the food items as they are offered to the patient (name of food, preparation, flavor) and be sure to check the temperature of the food before serving. When serving a liquid, use a straw. Also, the patient should be encouraged to do as much as possible without your help. A good attendant will improvise ways to give each handicapped patient a feeling of independence.

FEED A HELPLESS PATIENT

ASSIGNMENT SHEET #1--IDENTIFICATION OF FACTS TO REMEMBER IN FEEDING A PATIENT

Objective: The student will be able to identify correct facts to remember when feeding a patient.

Directions: From the list below select five correct facts to remember in feeding a patient.

A. Patient should be encouraged to do as much for self as possible

B. Do not describe food

C. Use a straw

D. Don't rush patient

E. Check temperature of food and drink

F. Offer a mouth full of food

G. Be irritable and resentful

H. Never allow patient to feed self.

I. Assistant's attitude should be friendly and pleasant

FEED A HELPLESS PATIENT

JOB SHEET--ASSISTING PATIENT TO EAT

Objective: After completing this activity, you will be aware of the problems encountered in feeding a helpless patient.

I. Tools and equipment:

A. Food tray
B. Food containers with food
C. Drinking glass or cup
D. Liquid nourishment
E. Eating utensils
F. Napkin
G. Salt and pepper
H. Basin
I. Washcloth
J. Patient (student)

II. Procedure:

A. Make the student acting as the patient helpless by blindfolding and binding hands*

B. Explain what you are going to do

C. Prepare patient for meal

D. Wash hands (attendant and patient)

E. Elevate backrest, if allowed for patient

F. Bring tray to room (be sure it is the correct diet)

G. Open and arrange food and drink

H. Sit or stand beside the patient

I. Ask the patient if he or she would like to have foods on tray in any special order

J. Alternate liquid and solid portions

K. Place napkin under chin or in patient's hand. Wipe patient's mouth when needed

L. Fill spoon half full

M. Feed patient from tip, not side of spoon

N. Encourage patient to eat as much as possible

O. Remove tray, brush any crumbs off bed, straighten linen and make patient comfortable

P. Note and record amount eaten

*Instructor should supervise activity to avoid emotional trauma or physical distress to "patient."

TRANSPORT PATIENT USING WHEELCHAIR
OR ASSIST PATIENT TO WALK

INFORMATION SHEET

Patients who have been ill for a period of time may need help until they are stronger. The wheelchair is used to transport patients who are able to sit up, but who are unable to walk.

By using the principles of body mechanics, the attendant will be able to safely help the patient to move. Some rules of body mechanics to remember are:

1. Encourage patients to do as much as they can for themselves whenever possible. This will provide exercise, maintain muscle tone, and help prevent contracture.
2. The Nurse Aide should maintain a broad base of support by standing with feet comfortably apart, one foot forward, and toes pointed in the direction of movement.
3. Stand close to the patient's bed or chair and flex the knees and hips when you stoop.
4. Use the longest and strongest muscles of your arms and legs to prevent back strain.
5. Carry heavy objects close to your body.
6. Whenever possible, move the patient by rolling or turning rather than lifting.
7. Pull the patients toward you whenever possible because it is easier than lifting.

TRANSPORT PATIENT USING WHEELCHAIR, OR ASSIST PATIENT TO WALK

ASSIGNMENT SHEET #1--COMPLETION STATEMENTS

Objective: After completing these statements, you will be able to recall information about transporting patients.

Directions: Complete the following statements:

1. You should stand close to your work and flex the knees and hips when ____________________.
2. Use the longest and strongest muscles of the arms and legs to prevent ______________________________.
3. Carry ________________________ close to the body.
4. Move patients by _______________ or turning whenever possible, rather than lifting.
5. Patients should be encouraged to do as mush as they can for themsleves. This helps provide _________________, maintains muscle tone, and prevents contracture.

TRANSPORT PATIENT USING WHEELCHAIR, OR ASSIST PATIENT TO WALK

JOB SHEET #1--ASSIST PATIENT INTO A WHEELCHAIR

Objective: After completion of this exercise, you will be able to assist a patient into a wheelchair.

I. Tools and equipment

   A. Bathrobe

   B. Two bath blankets

   C. Wheelchair

   D. Footstool

   E. Pillow

   F. Slippers

II. Procedure

   A. Greet patient and explain procedure

   B. Screen the unit

   C. Cover the wheelchair with a bath blanket. Elevate foot pedals before placing patient in wheelchair

   D. Place wheelchair near head of bed facing the foot of the bed. Lock chair to keep it from moving

   E. Lock bed

   F. Roll patient to side facing you

   G. Dangle feet over side of bed

   H. Assist patient to rise from side

   I. Allow patient to rest a few moments

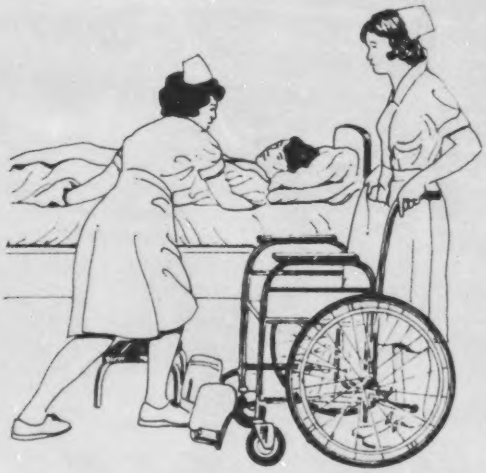
   J. Dress patient in robe and put on slippers

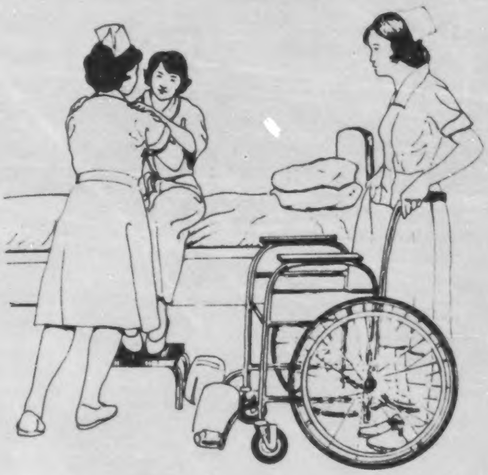
   K. Make sure patient is strong enough to get up with help

   L. Fanfold top bedclothes to foot of bed

   M. Place footstool at side of bed

N. Face patient and have him/her steady footstool with foot. Have patient place feet on center of stool and place hands on attendant's shoulder. Attendant will place hands on rib cage of patient, under axillae, raise patient slightly, and help him/her to slide off edge of bed gradually to a standing position on the stool. Then have patient step on the floor.

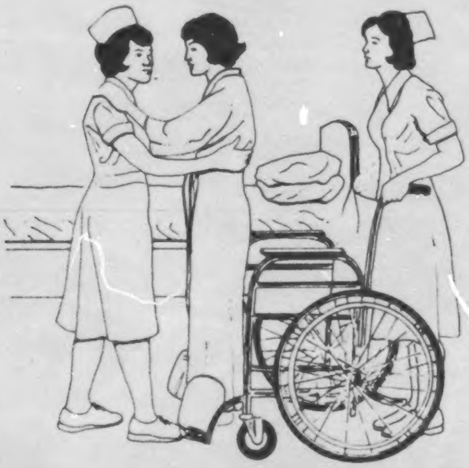


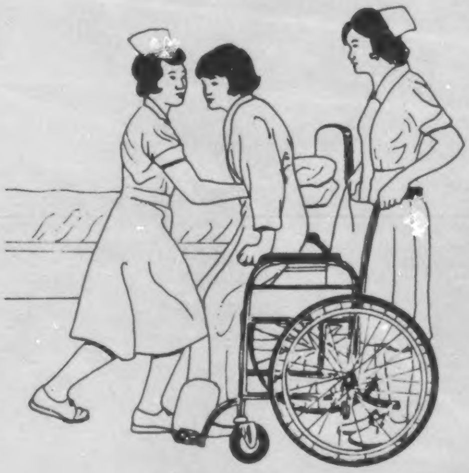


O. Keeping hands in the same position, help patient to turn slowly until the back is toward the wheelchair.

P. Have another attendant hold the chair; lower patient gradually to a sitting position in the wheelchair. Arrange robe smoothly. Place patient's feet on foot rest. Adjust foot rest.

Q. Ask patient to place hands on arms of wheelchair for support while being lowered.





TRANSPORT PATIENT USING WHEELCHAIR, OR ASSIST PARTIENT TO WALK

JOB SHEET #2--ASSIST PATIENT TO WALK

Objective: After completion of this exercise, you will be able to assist a patient to walk.

I. Tools and equipment

   A. Bathrobe

   B. Slippers

   C. Chair

   D. Pillow

II. Procedure

   A. Greet patient and explain procedure

   B. Provide privacy

   C. Assist patient in putting on a bathrobe

   D. Instruct patient to move to edge of bed

   E. Elevate the head of the bed

   F. Place straight chair at side of bed near middle

   G. Take patient's pulse

   H. Dangle the patient's feet by:

      1. Placing one arm around the patient's shoulder

      2. Rolling patient to side facing you until the patient's feet hang over the side of the bed

   I. Allow the patient to rest

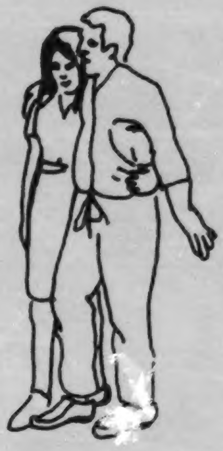
   J. Tell patient to rest both feet on the floor

   K. Slide your arm under the patient's arm and put your hands around the patient's back

   L. Ask the patient to place hands on your shoulders

   M. Once the patient is standing, let patient try out this position for a minute or two to get used to it and to keep balance.

N. If the patient is walking, ask that one arm be placed around your shoulders, and place your nearest arm alongside the patient's waist



O. Walk with patient slowly and in step

P. Let the patient sit down if tired

Q. Take pulse and respiration, and report finding if abnormal

R. If patient can walk unsupported but feels unsure, then attendant should walk just slightly behind patient and keep hands on patient's robe belt for support

S. Make sure that no piece of furniture or other equipment is in walking path

T. Assist patient back into bed

U. Take and record vital signs in patient's chart

V. Report any unusual findings to the nurse in charge.

DRAPE PATIENT FOR EXAMINATION AND TREATMENTS

INFORMATION SHEET

A physical examination is done by the doctor to provide information about the patient, and thus help determine diagnosis and treatment. Duties of the nurse aide are to drape the patient for the examination, prepare the needed equipment, and assist the doctor during the examination.

It is of the greatest importance that the aide make the patient as comfortable as possible. Remember that a physical examination is NEVER a "routine" examination to patients. Usually, they are apprehensive and ill at ease. You must provide every possible means to maintain their privacy and modesty.

Patients are usually asked to undress and put on a gown when preparing for a physical examination. Then you will position the patient as the doctor requests. Always drape patients so that they are covered except for the area to be examined. It is your responsibility to maneuver draping to maintain maximum cover for the patient as the doctor examines various areas of the body.

There are various positions for different types of examinations. The more commonly used positions are:

1. Horizontal recumbent (supine)--the patient lies flat on back, with or without a head pillow, legs extended, arms across chest or at side

2. Prone--the patient lies face-down, legs extended, face turned to one side and arms above head or along side

3. Dorsal recumbent--the patient lies on back, knees flexed, with soles of feet flat on the bed

4. Knee-chest--the patient is on the knees with chest resting on the bed. The thighs are straight up and down, the lower legs are flat on the bed. The face is turned to one side

5. Sim's (lateral)--the patient lies on the left side with the left arm and shoulder front-side down on the bed. The right arm is flexed comfortably. The right leg is flexed against the abdomen, the left knee is slightly flexed

6. Fowler's--the back rest of the bed is adjusted to a sitting position. The bed section is raised under the knees. A pillow is placed between the patient's feet and the foot of the bed

7. Lithotomy--the patient lies on the back. The knees are well separated and flexed. Sometimes the feet are placed in stirrups

8. Anatomic position (vertical)--the patient stands upright with feet together and palms forward

9. Dangling (sitting)--the patient sits upright on the side of the bed, facing the doctor. The feet are resting on a stool or dangling

The equipment needed for examination will depend upon the type of examination to be done and the individual preference of the doctor. Some commonly used equipment includes a flashlight, emesis basin, cotton balls in antiseptic solution, tongue depressors, ophthmalmoscope, tissues, otoscope, nasal speculum, tape measure, lubricant, percussion hammer, gloves, sphygmomanometer, and stethoscope. These are pictured on the following page.

The following steps may be followed in assisting the doctor with an examination.

1. Assemble the basic equipment needed

2. Assist the patient to sit up in bed, undress, turn over, or to assume any required position

3. Remain in the room unless otherwise instructed

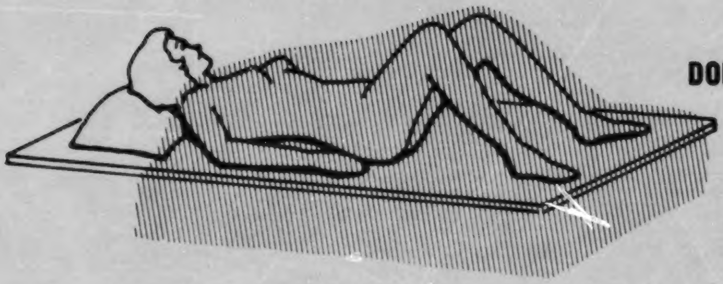
4. Hand the doctor equipment as it is requested

5. Assist the patient to dress following examination if necessary

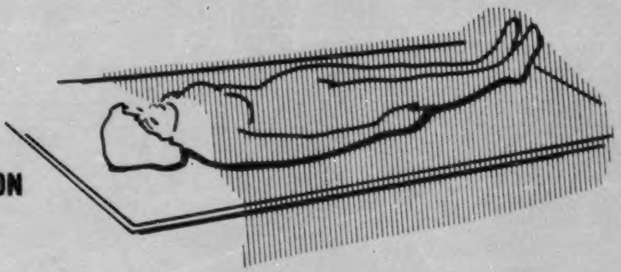
6. Clean used equipment as indicated, return all equipment to the proper place

7. Record time, date, and extent of examination for charting

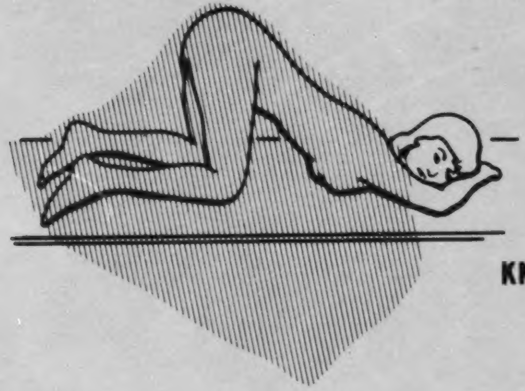
POSITIONING AND DRAPING THE PATIENT



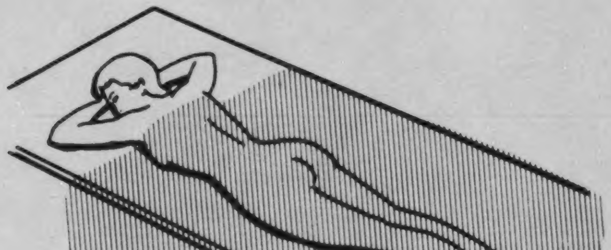
DORSAL RECUMBENT POSITION



HORIZONTAL RECUMBENT POSITION

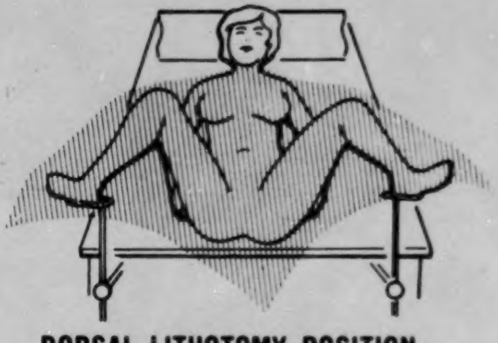


KNEE CHEST POSITION

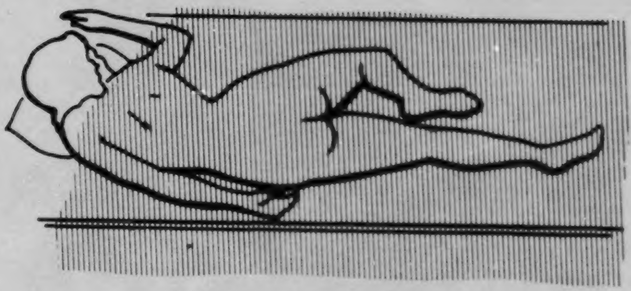


PRONE POSITION

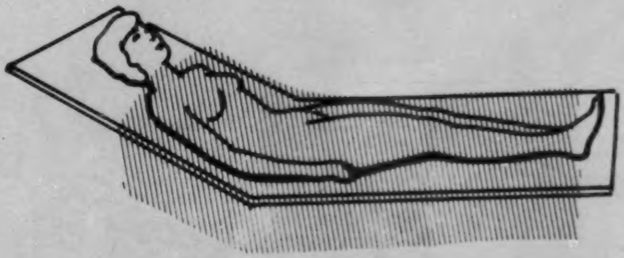
POSITIONING AND DRAPING THE PATIENT



DORSAL LITHOTOMY POSITION

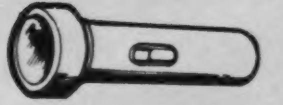


SIM'S POSITIONS



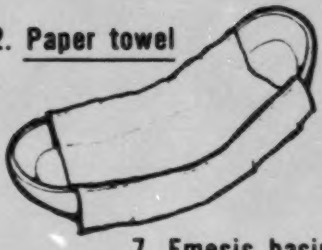
FOWLER'S POSITION

BASIC EQUIPMENT FOR MEDICAL EXAMINATION



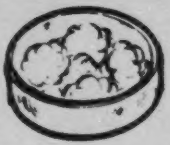
1. **Flashlight**

2. **Paper towel**

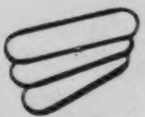


7. **Emesis basin**

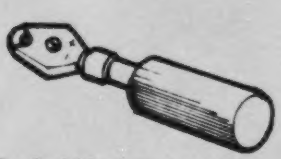
3. **Antiseptic solution**



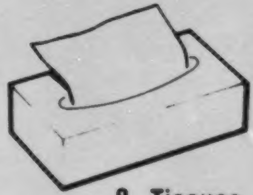
4. **Cotton balls**



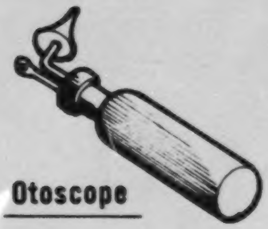
5. **Tongue depressors**



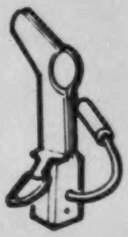
6. **Ophthalmoscope**



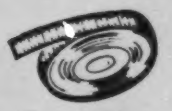
8. **Tissues**



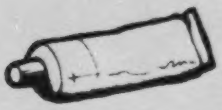
9. **Otoscope**



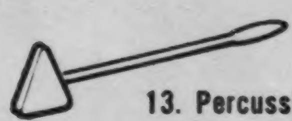
10. **Nasal speculum**



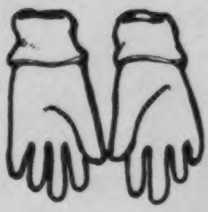
11. **Tape measure**



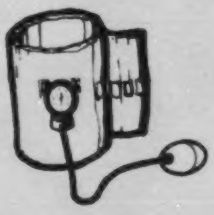
12. **Lubricant**



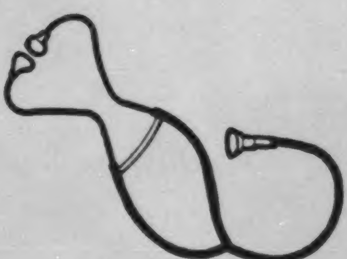
13. **Percussion hammer**



14. **Gloves**



15. **Blood pressure cuff**



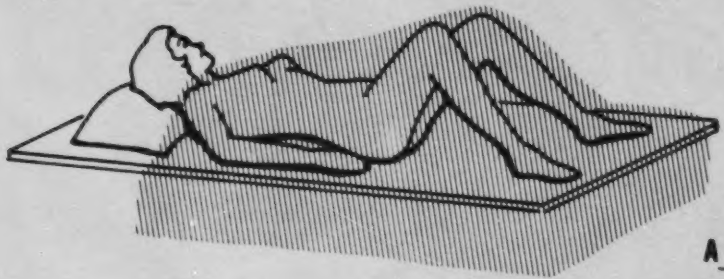
16. **Stethoscope**

DRAPE PATIENT FOR EXAMINATION AND TREATMENTS

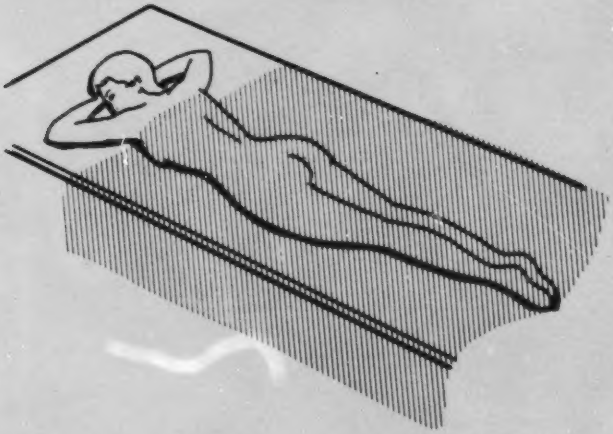
ASSIGNMENT SHEET #1--IDENTIFICATION OF PATIENT POSITIONS

Objective: After completion of this assignment, you will be able to identify patient positions.

Directions: Place the correct title under each of the pictured positions.



A____________________



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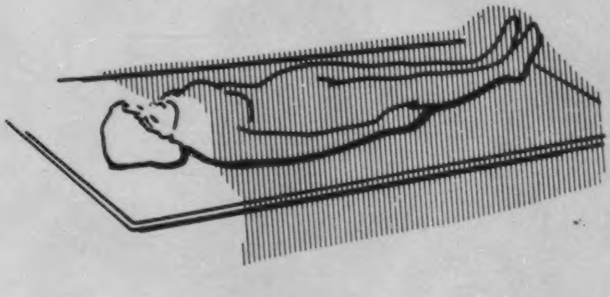

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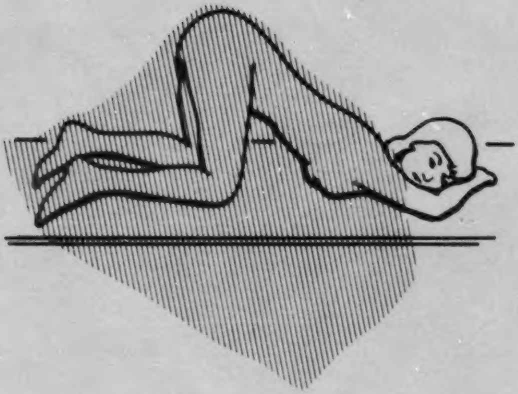

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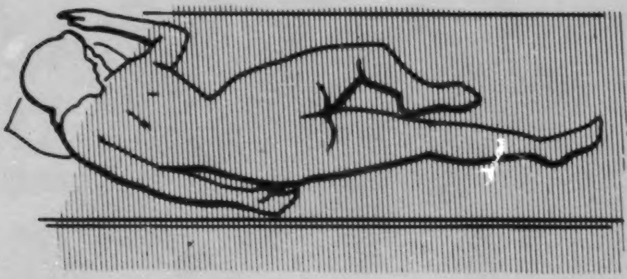

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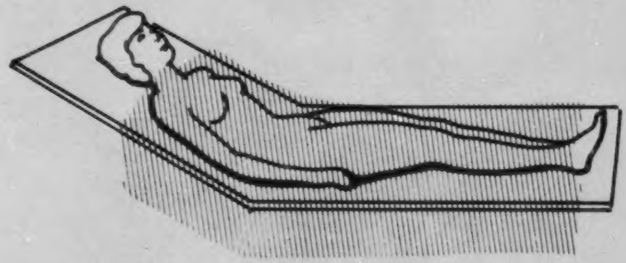

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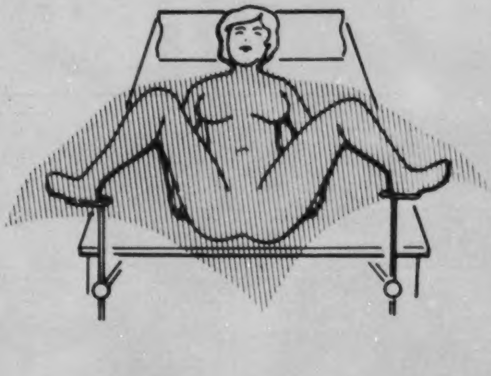

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DRAPE PATIENT FOR EXAMINATION AND TREATMENTS

ASSIGNMENT SHEET #2--IDENTIFICATION OF ITEMS OF BASIC EQUIPMENT FOR PHYSICAL EXAMINATION

Objective: After completion of this assignment, you will be able to identify items of basic equipment for physical examination from pictures.

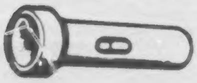
Directions: Place the correct names of the numbered items on the accompanying picture in the blank spaces below.

1. ______________ 9. ______________
2. ______________ 10. ______________
3. ______________ 11. ______________
4. ______________ 12. ______________
5. ______________ 13. ______________
6. ______________ 14. ______________
7. ______________ 15. ______________
8. ______________ 16. ______________

DRAPE PATIENT FOR EXAMINATION AND TREATMENTS

ASSIGNMENT SHEET #2--IDENTIFICATION OF ITEMS OF BASIC EQUIPMENT FOR PHYSICAL EXAMINATION

BASIC EQUIPMENT FOR MEDICAL EXAMINATION



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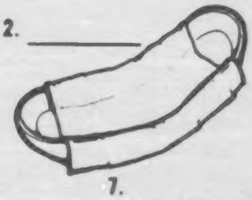

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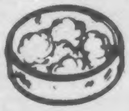

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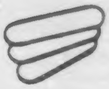

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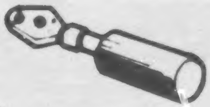

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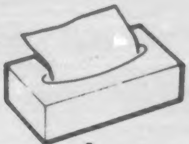

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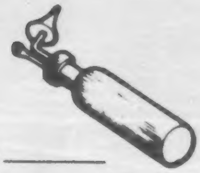

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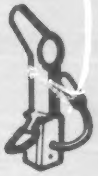

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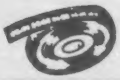

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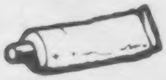

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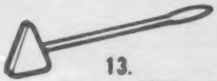

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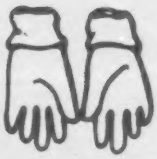

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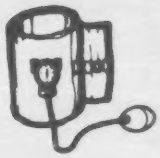

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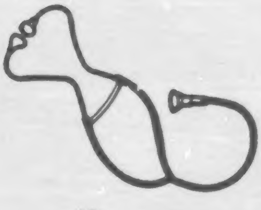


16. ______

DRAPE PATIENT FOR EXAMINATION AND TREATMENTS

JOB SHEET #1--POSITIONING PATIENTS

Objective: After completing this activity, you will be able to place a patient in five simple positions.

I. Tools and Equipment:

   A. hospital bed

   B. manikin (student)

II. Procedure:

   Place the manikin (student) in the following positions and drape as needed.

   A. anatomic (vertical)

   B. horizontal recumbent (supine)

   C. prone

   D. dangling (sitting)

   E. Fowler's

DUST AND CLEAN PATIENTS' ROOMS

INFORMATION SHEET

Dusting and cleaning the patient's room is an important task of the health care worker. In most medical facilities, some cleaning is done by the maintenance department, and some by the housekeeping department, but the nurse aide has some cleaning duties too. Nurse aides usually clean and dust the patient's room while it is occupied, and immediately after a patient is discharged.

It is important that the nurse aide know how to clean and dust the patient's room even though this work may be done by some other department. The cleanliness and appearance of the patient's room is the general responsibility of the nurse aide.

Cleanliness is more important for the sick because they have lowered resistance to disease, and some patients may have a contagious disease.

Patient accommodations vary from private or semi-private rooms to large wards, but each patient has essentially the same equipment which is called a patient unit. This usually consists of a bed, a bedside stand, a straight chair, a wastebasket, and a call bell. If there are more than two patients in a room, each patient will have these items, and a screen or curtain will be provided for each unit to maintain privacy.

Proper daily cleaning of a patient unit includes removing all waste, damp mopping, dusting, removal of unnecessary items, and care of flowers. (Always ask the patient's permission before disposing of flowers or personal items.)

In an unoccupied unit, strip the bed and place soiled bed and bath linens in laundry bag or hamper. In an occupied unit, you will change bed linens as you bathe the patient. Soiled bed and bath linens are placed in the clothes hamper or bag, and fresh linens are used. Never, in any circumstance, put soiled linens on the floor.

After the patient unit is cleaned and dusted, the nurse aide should check to see that everything is in order. If the unit is occupied, be sure that everything the patient might need is within reach.

DUST AND CLEAN PATIENTS' ROOMS

ASSIGNMENT SHEET #1--QUESTIONS ABOUT DUSTING AND CLEANING PATIENTS' ROOMS

Objective: After completion of this assignment, you will be able to recall procedures for dusting and cleaning patients' rooms.

Directions: Answer the following questions in the spaces provided.

1. Name two other departments that may clean patients' rooms.

   ______________________ ______________________

2. When do nurse aides usually have the responsibility for cleaning the patients' room?

   ______________________ ______________________

3. Give two reasons why cleanliness is so important for the ill.

   a. ______________________________________

   b. ______________________________________

4. List five items that are usually included in a patient unit.

   a. __________________ d. __________________

   b. __________________ e. __________________

   c. __________________

5. List five procedures usually included in the daily cleaning of a patient unit.

   a. __________________ d. __________________

   b. __________________ e. __________________

   c. __________________

DUST AND CLEAN PATIENTS' ROOMS

JOB SHEET #1--CLEAN AN OCCUPIED PATIENT UNIT

Objective: After completion of this assignment, you will be able to clean and dust an occupied patient unit.

I. Tools and Equipment:

- A. Basin of water with cleaning solution
- B. Cleaning cloths
- C. Waste container
- D. Plastic liner
- E. Mop
- F. Mop bucket with cleaning solution
- G. Vacuum cleaner

II. Procedure:

- A. Take all cleaning equipment to the patient unit
- B. Remove wilted flowers. (Ask patient's permission before discarding flowers.)
- C. Remove trash in waste container by removing plastic liner
- D. Place fresh liner in waste container
- E. Clean rug with vacuum cleaner
- F. Mop bare floor with damp mop using cleaning solution in mop bucket
- G. Wring clean cloth from basin containing cleaning solution
- H. Use damp cloth to clean window sill
- I. Use damp cloth to clean furniture
- J. Collect cleaning equipment and remove from room

DUST AND CLEAN PATIENTS' ROOMS

JOB SHEET #2--CLEAN AN UNOCCUPIED PATIENT UNIT

Objective: After completion of this assignment, you will be able to clean and dust an unoccupied patient unit.

I. Tools and Equipment:

   A. Basin with cleaning solution
   B. Cleaning cloths
   C. Whisk broom (bottle brush)
   D. Mop
   E. Mop bucket with cleaning solution
   F. Furniture polish
   G. Vacuum cleaner
   H. Plastic bag
   I. Laundry hamper
   J. Bed linens
   K. Bath linens

II. Procedure:

   A. Take all cleaning equipment to patient unit
   B. Remove any disposable items the patient may have left, such as toothbrush, and place in plastic bag. Personal belongings of value that the patient left in the room are labeled and taken to nurses' station
   C. Remove all enamelware or stainless steel utensils from bedside stand and wash with hot water and detergent
   D. Sterilize above equipment
   E. If used plastic disposable equipment is left, discard. If unopened, it may be retained
   F. Remove trash in waste container by removing plastic liner
   G. Reline waste container with plastic liner
   H. Clean rug with vacuum cleaner
   I. Mop bare floor with damp mop using cleaning solution in mop bucket
   J. Strip bed and place soiled linen in hamper

K. Remove and clean both sides of rubberized protective sheet

L. Using whisk broom, brush top and sides of mattress

M. Replace protective sheet

N. Fold mattress, whisk clean the exposed half

O. Clean exposed springs, bed frame, and rails

P. Replace mattress, fold in opposite direction and clean other end of bed frame and springs

Q. Be sure the entire surface of the mattress, bed frame, and springs have been cleaned

R. Make bed using fresh linens

S. Put fresh bath linens in place

T. Wash, rinse, and dry bedside table. Work from the top down

U. Wash, rinse, and dry the overbed table

V. Clean any other furniture or storage area with damp cloth

W. Carefully inspect the unit to see if anything is soiled or out of place

X. Remove cleaning equipment from the room

DUST AND CLEAN PATIENTS' ROOMS

JOB SHEET #3--MOP THE FLOOR

Objective: After completion of this assignment, you will know the best way to mop the floor.

I. Tools and Equipment:

   A. Cleaning agent

   B. Broom

   C. Mop

   D. Pail with wringer

II. Procedure:

   A. Prepare the cleaning solution in the pail according to guidelines

   B. Sweep floor to remove loose dirt and litter

   C. Remove or rearrange furniture

   D. Place mop in cleaning solution, then wring out excess water

   E. Begin mopping in an area that will allow you to work your way out of the room to the hall door without walking over the mopped area

   F. Hold mop at arm's length using both hands. Move mop from side to side

   G. Continue moving mop from side to side until the entire floor has been mopped

   H. Rinse mop in cleaning solution as needed

   I. Rinse floor with clean, clear water, if indicated

   J. Allow floor to dry

   K. Replace furniture

   L. Rinse mop thoroughly and allow to dry

DUST AND CLEAN PATIENTS' ROOMS

JOB SHEET #4--DUST FURNITURE

Objective: After completion of this assignment, you will be able to dust furniture.

I. Tools and Equipment:

  A. Cleaning cloths

  B. Detergent

  C. Furniture wax

  D. Non-scratching cleanser

II. Procedure:

  A. Assemble cleaning equipment

  B. Carefully remove articles from furniture tops and shelves

  C. See if the furniture is metal, wood, or plastic

  D. For metal furniture, wipe surfaces clean with damp cloth; remove stains with non-scratching cleanser

  E. For wood furniture, dust with dry cloth, wax, and polish frequently

  F. For plastic furniture, clean with damp cloth and detergent; rinse with damp cloth, then dry

  G. For all types of furniture, be sure surfaces are dry

  H. Replace any articles you moved

CHANGE BED LINENS

INFORMATION SHEET

Hospital patients spend most of their time in bed; therefore, greatest care must be used to make sure the bed is comfortable and safe. Wrinkled bedding is not only uncomfortable, but may contribute to the formation of bedsores (decubitus ulcers). Fresh linens are used to make the bed, and usually are changed each day.

Most hospital beds (Gatch beds) are similar in design. They are mechanized so the entire bed may be raised or lowered to any desired height. The head and foot may be raised or lowered independently. Usually a height of about 26 inches is preferred for patient care, but about 13 inches is a more convenient height for the patient to get in and out of bed. Most hospital beds now are operated electrically, but some are still manually operated. Whatever type bed is available, it is the responsibility of the nurse aide to make the patient as comfortable as possible.

There are several basic ways to make a bed. The closed bed means the bed is made, then covered with the spread to protect the other linens from dirt and dust. A closed bed is also called an unoccupied bed because there is no patient in it.

An open bed is an unoccupied bed in which the top sheet and spread are fan folded back. This makes the bed inviting to the patient. An open bed is used when a patient is admitted to the unit, or if a patient is ambulatory.

An occupied bed means that the patient remains in the bed while it is made.

A final type of bed is a stretcher or postoperative bed. The linens on this type bed are arranged so the patient may easily transfer from a stretcher to the bed, and as the name implies, is used for patients returning to the unit after surgery.

When changing linens, it is important to remember to avoid contamination from soiled linens, and to maintain the cleanliness of fresh linens. Keep soiled linens away from yourself as you remove them from the bed. Never allow soiled linens to touch your clothing. Handle soiled linen without shaking it to avoid scattering germs. Never permit linens to touch the floor.

CHANGE BED LINENS

ASSIGNMENT SHEET #1--COMPLETION STATEMENTS

Objective: After completion of this exercise, you will be able to recall procedures for changing bed linens.

Directions: Using the information and job sheets as reference, finish the following sentences by adding the words that best complete the meaning.

1. Wrinkled bedding is uncomfortable and may contribute to the formation of ______________.
2. Another name for a hospital bed is a (an) ______________ bed.
3. The head and ______________ of a hospital bed may be moved independently.
4. The entire bed may be ______________ or lowered as desired.
5. A height of about __________ inches is preferred for patient care.
6. A bed that is made, then covered with a spread to protect linens from dust and dirt,is a ______________ bed.
7. An open bed is usually used when a patient is admitted to the unit, or if the patient is ______________.
8. A ______________ bed is used for patients returning from surgery.
9. You should avoid shaking soiled linens to keep from spreading ______________.
10. Linens should be arranged ____________________ when preparing to make a bed.
11. You complete one side of the bed, then move to the other side to ______________ time and energy.
12. The wide hem of the bottom sheet is placed at the __________ of the bed.
13. In making a hospital bed, corners of linens are ______________ for a neat appearance.

14. The _______________ of the sheet is used as a guideline to place it straight on the bed.

15. The purpose of the protective sheet is to prevent soilage of the _______________.

16. The purpose of the drawsheet is to protect the _______________ from irritation by contact with the protective sheet.

17. Pillows are placed on the bed with the open ends _______________ from the door.

18. In making an occupied bed, you avoid exposing the patient by replacing the top sheet with a ____________.

19. A fold of the top sheet and blanket toward the foot of the bed is a _______________.

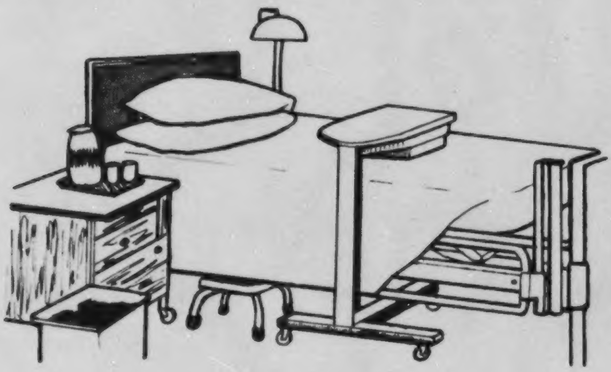
20. Before leaving a patient in an occupied bed, be sure the ____________________ is within her/his reach.

CHANGE BED LINENS

ASSIGNMENT SHEET #2--IDENTIFY TYPES OF BEDS

Objective: After completion of this exercise, you will be identify types of bed.

Directions: Label each type of bed in the blank space beside the illustration.



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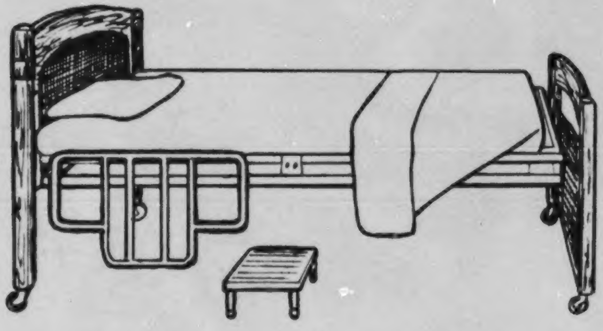

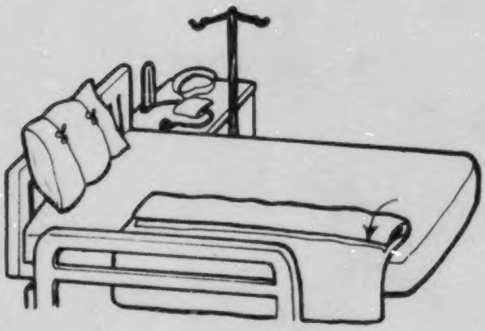

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CHANGE BED LINENS

JOB SHEET #1--MAKE AN UNOCCUPIED BED

Objective: After completing this exercise, you will be able to make an unoccupied bed and an open bed.

I. Tools and Equipment:

- A. Standard hospital bed and mattress
- B. 2 Pillows
- C. Quilted mattress pad
- D. 2 Sheets
- E. *Protective sheet
- F. Cotton drawsheet
- G. 2 Pillowcases
- H. Blanket
- I. Spread

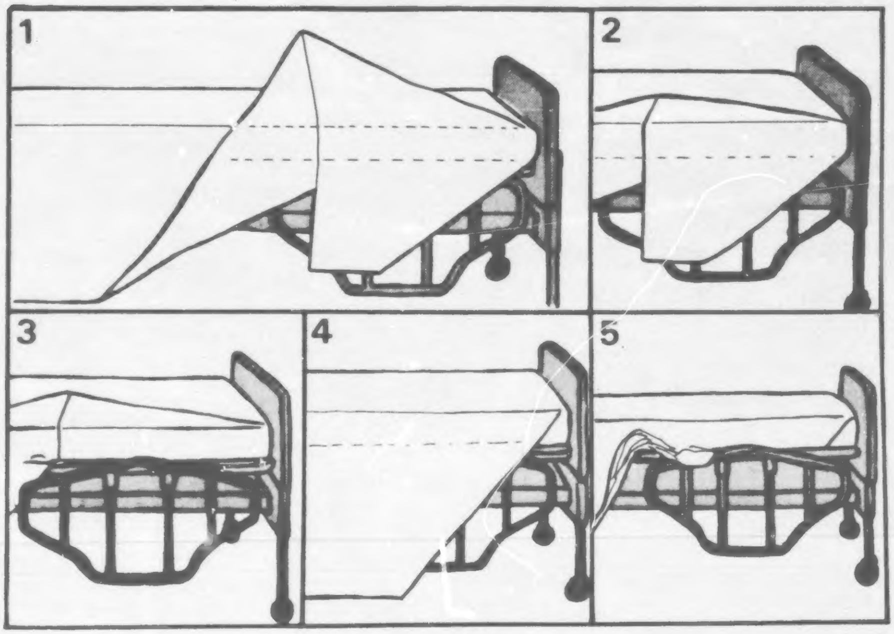
*Some mattresses are treated with plastic and do not require a protective sheet. Also, some hospitals use disposable bed protectors.

II. Procedure for unoccupied bed:

- A. Assemble linens, arrange in order of use, and place on a chair near the foot of the bed
- B. Place bed in position that allows work space, adjust to highest level, and lock wheels
- C. Work from one side of the bed until that side is completed, then go to the other side of the bed. This conserves your time and energy
- D. Place mattress pad on mattress, smooth and straighten.
- E. Place bottom sheet on edge of bed. unfold right side up, with wide hem at top. Bring the small hem to the foot of the mattress
- F. Tuck the top of the sheet firmly under the mattress and make a mitered corner.
    1. Pick up selvaged edge of sheet
    2. Lay triangle back on bed
    3. Tuck lower portion under the mattress

G. Hold fold with one hand, bring triangle down under the side of the mattress

H. Tuck the sheet under the mattress from head to foot



I. Keep the sheet straight, using center fold as a guide

J. Place the protective rubber or plastic sheet about 16" from the head of the bed. This places it under the lower half of the patient's body. The purpose of the protective sheet is to prevent soilage of the mattress

K. Place cotton drawsheet so that it completely covers the protective sheet. The drawsheet protects the patient's skin from irritation by contact with the protective sheet. Tuck both protective sheet and drawsheet under the mattress

L. Center the top sheet wrong side up, with hem even with upper edge of mattress

M. Place blanket about 6" from top sheet edge, then spread over top sheet and foot of mattress

N. Center spread with top hem even with head of mattress

O. Tuck spread, blanket, and top sheet under mattress at foot of bed and make a mitered corner

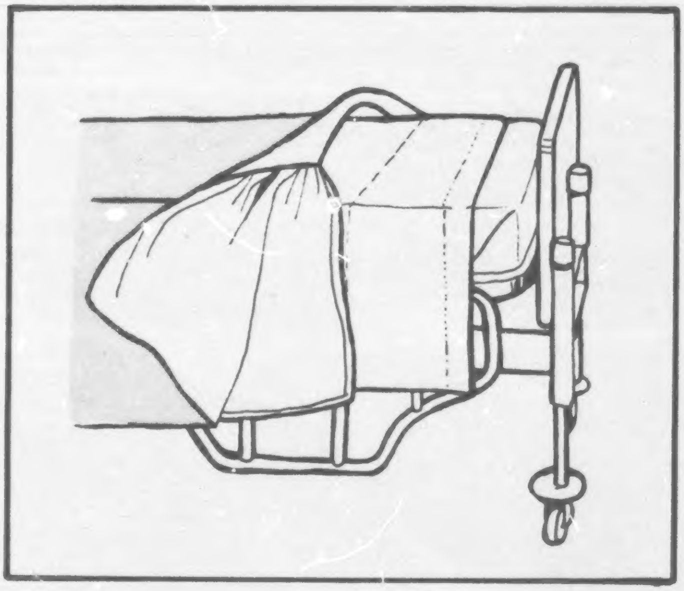
P. Go to the other side of the bed, and fan fold the top covers to the center of the bed

Q. Pull bottom sheet firmly to prevent any wrinkles, tuck under at head of mattress, and make a mitered corner. Tuck side of sheet under mattress

R. Pull protective sheet and drawsheet tightly and tuck under mattress

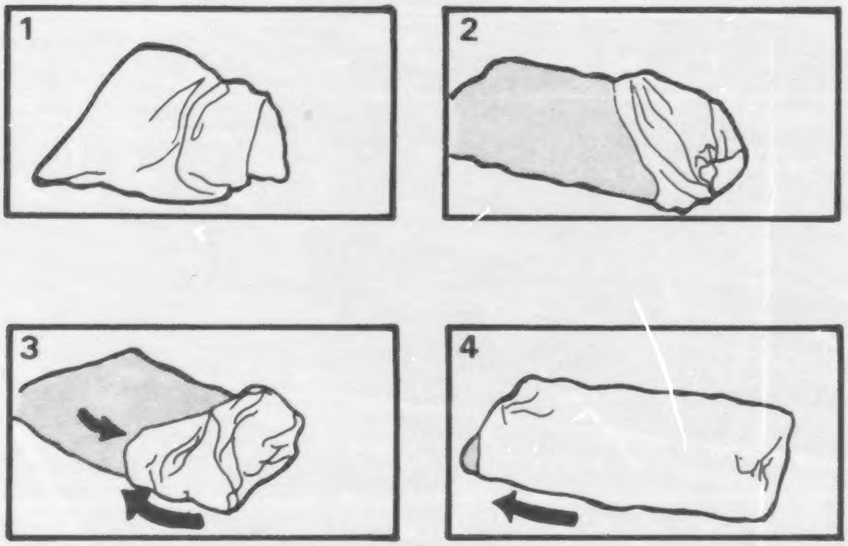
S. Unfold top covers. Tuck top sheet and blanket at foot of bed and make a mitered corner. Tuck under mattress at sides as far as center only

T. Fold top sheet back over blanket, making 6" cuff to protect patient from coarse blanket



U. Place clean case on pillow. Open pillowcase by putting hand into clean case

V. Grasp the outside at the center of the end seam and turn case back over hand



W. Grasp pillow from outside

X. Adjust corner of pillow into case

Y. Turn case over pillow

Z. Make a lengthwise pleat in pillowcase if needed to provide smooth, wrinkle-free case

AA. Place pillows on bed with open ends away from door

BB. Unlock wheels of bed, position bed properly in patient unit, relock wheels

III. Procedure for an open bed:

A. Fold the spread down from top and under the top edge of the blanket

B. Turn top sheet down over spread

C. Fan fold top bedding. Turn top bedding down to foot of mattress. Then fold bedding back again upon itself

CHANGE BED LINENS

JOB SHEET #2--MAKE AN OCCUPIED BED

Objective: After completing this exercise, you will be able to make an occupied bed.

I. Tools and Equipment:

- A. Standard hospital bed and mattress
- B. 2 Pillows
- C. Quilted mattress pad
- D. 2 Large sheets
- E. *Protective sheets
- F. Cotton drawsheet
- G. 2 Pillow cases
- H. Blankets (usually 2)
- I. 1 Bed spread
- J. Bath blanket

*Some mattresses are treated with plastic and do not require a protective sheet. Also, some hospitals use disposable bed protectors.

The amount of linen used to make an occupied bed will depend upon hospital policy and the needs of individual patients.

II. Procedure:

- A. Assemble linens, arrange in order of use, and place on chair near foot of bed
- B. Greet the patient by name, explain what you are going to do, and reassure patient about procedure
- C. Adjust bed to make mattress flat
- D. Strip all top bedding, except top sheet
- E. Leave one pillow for patient, remove other pillow
- F. Remove pillowcase, and place in hamper
- G. Replace top sheet with bath blanket. Have patient hold top edge of bath blanket as top sheet is removed and thus avoid exposing the patient
- H. Turn patient toward side of bed
- I. Go to opposite side of bed

J. Pull bottom sheet, cotton drawsheet and protective sheet free from under mattress

K. Roll these close to patient

L. Straighten mattress pad. Replace if necessary

M. Place clean bottom sheet on bed, use center fold to center on bed. Narrow hem should be at foot of mattress

N. Tuck top end of sheet under mattress on this side

O. Make a mitered corner, tuck side of sheet under mattress

P. Place protective drawsheet back in place, tuck under mattress

Q. Cover protective drawsheet with fresh cotton drawsheet; tuck under mattress

R. Assist patient to roll toward you

S. Go to other side of bed

T. Remove soiled linen by rolling edges inward and place in hamper

U. Pull the clean bottom sheet over to the edge of the bed, make a mitered corner, tuck edges in smoothly. Be sure sheet is wrinkle-free

V. Pull the protective drawsheet and clean linen drawsheet to your side. Tuck securely under mattress

W. Turn patient on back

X. Place clean pillowcase on pillows as described in Job Sheet #1--Making an Unoccupied Bed

Y. Place pillows under patient's head to make him/her comfortable

Z. Place clean top sheet over the bath blanket with large hem at top

AA. Pull bath blanket from beneath top sheet, and place in laundry hamper

BB. Place blanket on top of sheet

CC. Tuck blanket and top sheet under mattress at bottom of bed

DD. Miter corners on each side

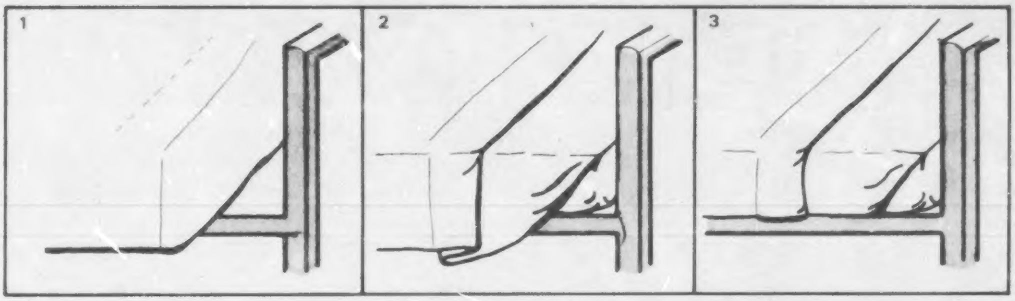
EE. Place spread evenly over blanket

FF. Fold 4 inches of spread under blanket at top

GG. Make a mitered corner

HH. Before making the final tuck, grasp sheet and blanket

II. Make a three-inch fold toward the foot of the bed. This is called a toe pleat and provides room for the feet of the bedfast patient



JJ. Complete the mitered corner

KK. Place spread evenly over the blanket

LL. Fold four inches of the spread under blanket at top

MM. Turn top sheet down over spread

NN. Tuck spread under mattress at bottom of bed and miter corners

OO. Allow sides of spread to hang free

PP. Place all soiled linen in laundry hamper

QQ. Be sure bell call signal is within patient's reach

RR. Thank patient for cooperation

RUN ERRANDS AND DIRECT VISITORS

INFORMATION SHEET

In most health facilities, the nurse aide is asked to run errands and direct visitors. The following tips will help you in performing these duties.

Running errands in the building:

1. Listen carefully to instructions
2. Write important information if necessary
3. Be sure you know the name of the person and department where the message is to be delivered

Delivering a message outside the building:

1. Get complete instructions
2. Make sure you have personal identification
3. Dress properly for the weather
4. Carry the message or parcel in a safe place
5. Choose the shortest and fastest route
6. If you need help in finding your way, ask a police officer, bus driver, or other dependable person
7. If you are delayed, call your supervisor
8. When you arrive at destination, ask receptionist for person you are to see
9. Get receipt if delivery is made

Directing visitors:

1. Answer visitors' questions courteously, and with a smile
2. Never give the impression that you are too busy to help a visitor
3. Give directions simply and concisely
4. Mention helpful directional signs

5. Be sure visitor understands your directions
6. In some facilities maps or directions are available. If so, help visitor to use these
7. If you cannot help the visitor, find your supervisor or someone else who can help
8. Do not leave your station to help visitors without the consent of your supervisor

In general, when you are running errands or directing visitors, remember that you represent the health facility. You should be courteous, friendly, and helpful, yet maintain a professional manner. When you are in uniform, you ARE the medical facility to patients and visitiors.

ANSWER TELEPHONE

INFORMATION SHEET

I. Correct procedure for answering a telephone call

   A. Answer promptly. When you must be away from the desk, arrange for someone else to answer the telephone

   B. Identify station and yourself

      (Example: Ward three west, Ms. Money)

   C. Take necessary action

      1. Summon others to the phone

      2. Ask caller to wait

      3. Offer assistance

         (Example: "Mrs. Parks is away from the hospital until Thursday. May I help you?" Or "Dr. Clark is on vacation, but Dr. Christy is here. Would you like to talk to her?")

      4. Take a message

         (Example: "I'm sorry, but the ward clerk has left the hospital. May I take a message?"

         a. Have pad, pencil, and calendar at hand

         b. Make notes as information is being given

         c. Write legibly

II. Procedure for making a telephone call

   A. Plan procedure before dialing

      1. Have paper, pencil, and calendar available

      2. Write down pertinent information such as name of person you're calling and points to be covered in conversation

   B. Dialing the telephone number

      1. Lift receiver and listen for dial tone before you begin to dial

2. Use index finger to dial each letter and/or number carefully

3. Move the dial all the way to the finger stop, then release it

4. Let the dial return to its normal position. The number is registered as the dial is returned to its normal position

5. Avoid the use of the letter "l" for the number "one"

6. Conversing on the telephone

    a. Speak directly into mouthpiece of telephone

    b. Use a normal conversational tone

    c. Speak distinctly, clearly, and at usual speed

    d. Ask for person, department, or extension needed

    e. Identify yourself and your office when you call

    f. State the reason for the call and give necessary information

    g. Ask tactfully for information you need

    h. Listen carefully and make notes if needed

    i. Close conversation tactfully. The caller should be the one to end the call

    j. Express appreciation or make a pleasant closing mark

    k. Replace the receiver quietly when call is completed

    l. Never slam down a telephone receiver because you are angry

III. Use of the telephone directory

- A. Organization of the telephone directory
    - 1. Introductory pages
        - a. how to call in emergency situations (fire, police, ambulance)
        - b. localities served by the directory
        - c. dialing instructions
        - d. area codes
        - e. how to place service calls
            - (1) repair service
            - (2) assistance on calls
            - (3) information operator
        - f. rates for out-of-town calls
        - g. how to send telegrams by telephone
        - h. how to make overseas calls
    - 2. Alphabetical listings
        - a. listings of individuals arranged by surname
        - b. listings of individuals with same surname arranged alphabetically
            - (1) names followed by initials are listed first
            - (2) names followed by names and initials are listed next

(Example: Massey, S.

Massey, S.E.

Massey, Sandra E.)

(3) listings with identical names arranged according to street name listed alphabetically

(Example: Massey, Sandra
302 Davis Street

Massey, Sandra
607 Garnet Street

Massey, Sandra
1047 Yupon Avenue)

c. reference listings

(1) indicate varied spellings or names pronounced similarly

(Example: Thompson--See also Thomason, Thomson)

(2) indicate a business listed under different names

(Example: Evans Construction Company--see Troup and Evans Construction Company)

3. Yellow pages--Commercial listings of businesses and products

a. classified listing of kinds of businesses

(Example: Plumbing Contractors or Automobile Painting)

b. additional information may be secured from advertisements which supplement many listings

ANSWER TELEPHONE

ASSIGNMENT SHEET #1--USE THE TELEPHONE DIRECTORY

Objective: After completing this assignment you will be able to locate information in the telephone directory.

Directions: Using the local telephone directory, locate and list the correct number or information for each item below.

1. Police ________________
2. Directory Assistance (local) ________________
3. List the hours long distance rates are lowest if you dial direct ________________________________
4. List the area code for any five of the following cities.
   a. Los Angeles, California ________________
   b. Denver, Colorado ________________
   c. New Orleans, Louisiana ________________
   d. Syracuse, New York ________________
   e. Duluth, Minnesota ________________
   f. Columbus, Ohio ________________
   g. Austin, Texas ________________
   h. Spokane, Washington ________________
   i. Madison, Wisconsin ________________
   j. Gary, Indiana ________________
5. List the name and number (or numbers) of the first indented reference in the alphabetical pages.

   ____

6. List the name and number of one business that is listed under both the yellow pages and the alphabetical pages.

   ____

7. List the name and number of one business found under any five of the classifications listed below:

   a. Architects ______________________________

   b. Automobile Parts and Supplies (new or used) ______________________________

   c. Beauty Salons ______________________________

   d. Building Contractors ______________________________

   e. Doughnuts ______________________________

   f. Farm Equipment ______________________________

   g. Office Supplies ______________________________

   h. Oil Marketers ______________________________

   i. Optometrists ______________________________

   j. Restaurants ______________________________

8. List the telephone numbers for any three of the following located in your community.

   a. A hospital or health clinic ______________________________

   b. A high school ______________________________

   c. Dog pound ______________________________

   d. Public Works Department ______________________________

   e. F.B.I. (Use nearest location if not in local community.) ______________________________

TAKE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION RATES

INFORMATION SHEET

I. Terms and definitions

- A. Body temperature--balance between heat produced and heat lost by the body
- B. Hypothermia--below normal body temperature
- C. Febrile--feverish, pertaining to a fever
- D. Fever--elevation of temperature above normal
- E. Continued fever--temperature that stays above normal
- F. Intermittent fever--a fever that alternates between elevated temperature and normal or subnormal temperature
- G. Remittent fever--a fever that rises several degrees above normal, then drops a degree but does not reach normal body temperature
- H. Crisis--sudden drop from fever to normal body temperature
- I. Pulse--the beat of the artery that you feel when the heart pumps blood through the body
- J. Pulse deficit--the difference between the pulse count taken simaltaneously at two sites, usually radial and apical pulses
- K. Apical pulse--heart rate counted at the apex of the heart by using a stethoscope
- L. Arrythmia--uneven intervals between pulse or heartbeats
- M. Bradycardia--abnormally slow heart rate
- N. Tachycardia--excessively rapid heart rate
- O. Quality--volume; strength of pulse beats
- P. Rate--number of pulse beats, heartbeats, or respirations per minute

Q. Rhythm--regularity or irregularity of the pulse, heartbeat, or respirations

R. Respiration--breathing; the inspiration and expiration of air involving the muscles of the chest and abdomen

S. Blood pressure--the force of blood exerts against the vessel wall as the heart beats

T. Hypertension--high blood pressure

U. Hypotension--low blood pressure

V. Sphygmomanometer--instrument used to measure blood pressure

W. Stethoscope--instrument used to listen to the sounds produced by the heart, lungs, and other internal organs

X. Digitalis--drug used to treat heart disease

II. Significance of vital signs

A. Include temperature, pulse, respiration, and blood pressure

B. Any change in one of the vital signs may affect the others

C. Rate change may indicate the presence of disease or infection

D. Patient's conditions can be evaluated through accurate measurements of vital signs

E. Vital signs should be checked at least once a day. In case of severe illness, they are checked more often, as ordered by the physician

III. Factors regulating body temperature

A. Digested food produces heat by oxidation. Some heat may be obtained through the environment

B. Body heat is reduced by breathing, elimination of body wastes, and the taking in of cold beverages and foods. Most body heat is lost through the skin

C. The balance between heat production and heat loss results in a normal temperature of 97.6° to 99° F

IV. Advantages of taking temperature in different locations

- A. Orally
  - 1. Easiest
  - 2. Most convenient
  - 3. Most comfortable
- B. Rectally
  - 1. Most accurate
  - 2. Safest
  - 3. Frequently used for children under six years of age
- C. Axillary
  - 1. Least accurate
  - 2. Only used when neither of the two other methods can be used

V. Conditions under which temperature should not be taken in a given location

- A. Orally
  - 1. When breathing is difficult
  - 2. If there is nasal or oral obstruction
  - 3. If patient is senile, acutely mentally ill, confused, or unconscious
  - 4. When oxygen is being administered
- B. Rectally
  - 1. In disease, infection, inflammation, or following surgery of the perineum or rectum
  - 2. Dilation of rectum due to fecal material or flatus
  - 3. Severe diarrhea

VI. Body temperature ranges

A. Normal oral--97.6° F. to 99° F. (36.5°C.--37.2°C.)
98.6° F. is 37° C.

To convert Fahrenheit to Centigrade, subtract 32 and multiply by 5/9

Example:

$$\begin{array}{r} 98.6^\circ \\ -\ 32^\circ \\ \hline 66.6^\circ \end{array} \qquad 66.6 \times \frac{5}{9} = \frac{333}{9} = 37$$

To convert Centigrade to Fahrenheit, multiply by 9/5 and add 32

Example:

$$37^\circ \times \frac{9}{5} = 67.6 \qquad \begin{array}{r} 67.6 \\ +\ 32 \\ \hline 98.6 \end{array}$$

B. Normal rectal--99.6° F.

C. Normal axillary--97.6° F.

D. Subnormal--Below 97° F. (oral)

E. Moderate fever--100° to 103° F. (oral)

F. High fever--103° to 105° F. (oral)

VII. Factors which affect body temperature

A. External environment--e.g., temperature, ventilation, amount of clothing and humidity

B. Internal environment--e.g., amount of fat tissue, illness, fluid and electrolyte balance

C. Sex--women usually have higher temperature than man

D. Age--heat-regulating mechanism is not fully developed in infants and young children; in aged, heat-regulating mechanism becomes less effective

E. Strong emotions-- excitement, anxiety, nervousness, and other emotions cause increased activity of the secretory glands which increases heat production

F. Time of day--body temperature is usually highest in mid-afternoon and lowest during the night

G. Exercise and digestive processes-- increased activity elevates body temperature

VIII. Thermometer--Measures body temperatures to the nearest two-tenths of a degree

A. Procedure

1. Hold thermometer at eye level. Rotate the thermometer until you can see the column of mercury

2. Observe the markings called calibrations on the scale, which is at the upper side of the column of mercury. Remember that each long line represents a full degree, and the four short lines represent 2/10 (0.2) of a degree. Only the even-numbered degrees are named on the Fahrenheit clinical thermometer, that is 96°, 98°, 100°, and so on

3. If the mercury column ends at one of the short lines, look to see which long line is immediately to the left. That will tell you the degree of temperature--for example, 98° F. Then, if the mercury level is at the second small line to the right of the 98° F. mark, the temperature is 98.4° F. The temperature may also be written 98^4

IX. Pulse location--Areas where pulse is taken

A. Temporal--In temple areas, approximately one inch away from the end of the eyebrow

B. Carotid--Located on each side of neck below and in front of the earlobe

C. Facial--At lower margin of the lower jawbone on a line with the corners of the mouth

D. Brachial--Inner arm at the bend of the elbow

E. Radial--Inner surface of wrist on thumb side

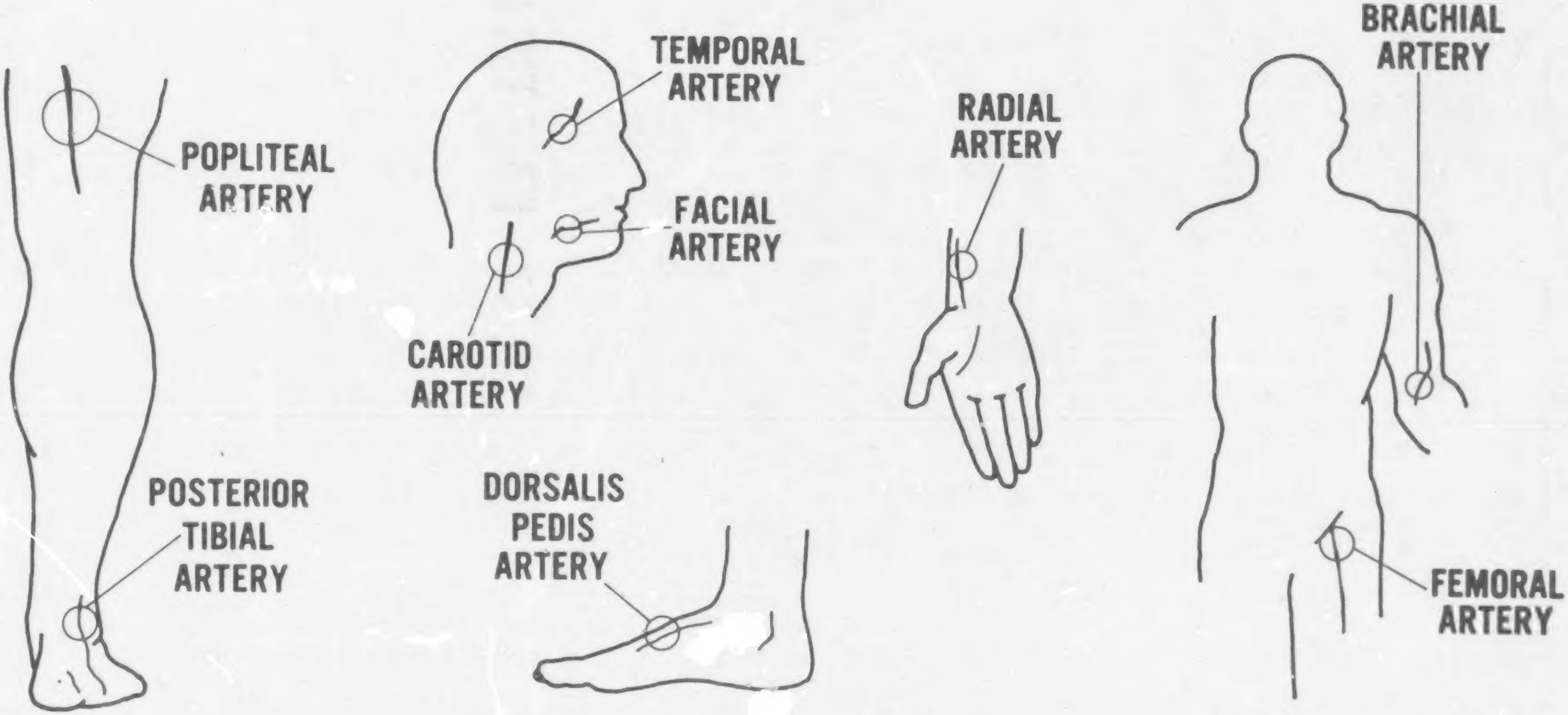
F. Femoral--Inner thigh below the groin

G. Dorsalis pedis--On top of foot next to the tendon of the big toe

H. Popliteal--On the back surface of the knee

I. Posterior tibial--Inner side of foot about an inch below the ankle

SITES FOR TAKING A PULSE


POPLITEAL ARTERY
POSTERIOR TIBIAL ARTERY
TEMPORAL ARTERY
FACIAL ARTERY
CAROTID ARTERY
DORSALIS PEDIS ARTERY
RADIAL ARTERY
BRACHIAL ARTERY
FEMORAL ARTERY

X. Average pulse rates

A. Men--60 to 72

B. Women--68 to 80

C. Children over seven--76 to 92

D. Children one to seven--80 to 120

E. Infants--110 to 130

XI. Factors influencing heart rate and pulse rate

A. Activity

B. Emotions

C. Some drugs

(NOTE: Caffeine increases and digitalis decreases heart rate)

D. Endocrine disturbances

(NOTE: Thyroid disturbances influence heart rate)

E. Elevated temperature

XII. Common factors affecting respiration rate

A. Age

(NOTE: Rate for newborn may be 40 times per minute while the normal adult rate is 14 to 18 times per minute)

B. Sex

(NOTE: Rate is usually faster in women)

C. Exercise

D. Pain

E. Fever

F. Emotions

G. Heart disease

H. Respiratory disease

I. Drugs

XIII. Terms used to describe respiration

A. Eupnea--Normal respiration

B. Dyspnea--Difficult or labored respiration

C. Apnea--Temporary cessation of respiration

D. Orthopnea--Condition in which breathing is possible only when the person sits or stands in an erect position

E. Stentor--Respiration accompanied by abnormal snoring sounds

F. Cheyne-Stokes--Respirations gradually increase in rapidity and volume until they reach a climax, then gradually subside. Then respiration ceases entirely for a few seconds before the cycle begins again

G. Rales--Bubbling or rattling sounds caused by mucus in the air passages as in bronchitis or pneumonia

H. Costal--Breathing accomplished chiefly by the rib muscles

I. Stridor--Shrill, harsh sound, especially during inspiration in laryngeal obstruction

XIV. Factors affecting blood pressure

A. Condition of the walls of the arteries and arterioles

B. Rate of heartbeat

C. Exercise

D. Emotions

E. Sex

F. Hemorrhage

G. Shock

H. Drugs

I. Endocrine function

J. Attitude

K. Smoking

L. Location where taken

XV. Types of blood pressure

A. Systolic pressure--The contraction of the ventricle as it forces blood into the artery, resulting in the systole, first heart sound heard

B. Diastolic pressure--The relaxed phase of the heart--the last sound or change you hear (diastole)

C. Pulse pressure--Difference between systolic and diastolic pressure

(NOTE: The normal systolic adult blood pressure at rest is between 100 and 140 mm Hg, and the diastolic pressure is between 60 and 90 mm Hg.)

XVI. Locations where blood pressure may be taken

A. Over the brachial artery on the inner surface of the elbow

B. In the popliteal space with the cuff applied above the knee

C. In the lower leg over the tibial artery with the cuff applied below the knee. This location is not used frequently

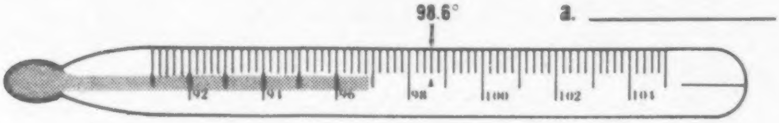
(NOTE: When blood pressure is not taken in the arm, the site should be recorded.)

TAKE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION RATES

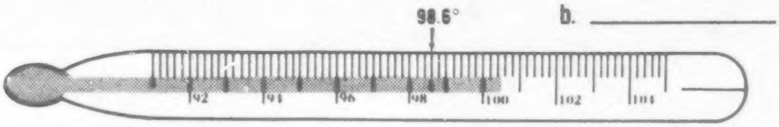
ASSIGNMENT SHEET #1--READ A THERMOMETER

1. Write the readings on these thermometers in the blanks to the right.

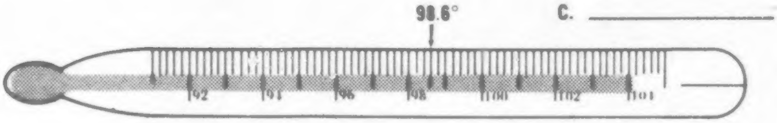
a. ______________


98.6°
92
94
96
98
100
102
104

b. ______________

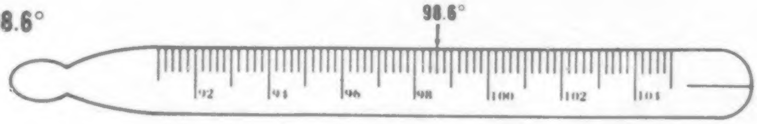

98.6°
92
94
96
98
100
102
104

c. ______________

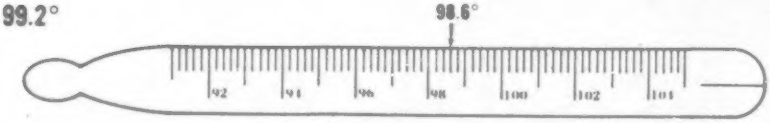

98.6°
92
94
96
98
100
102
104

2. Mark the temperature readings on these thermometers.

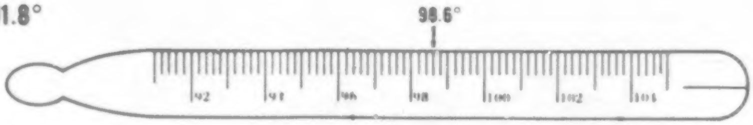
a. 98.6°


98.6°
92
94
96
98
100
102
104

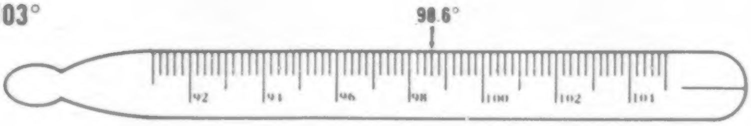
b. 99.2°


98.6°
92
94
96
98
100
102
104

c. 101.8°


98.6°
92
94
96
98
100
102
104

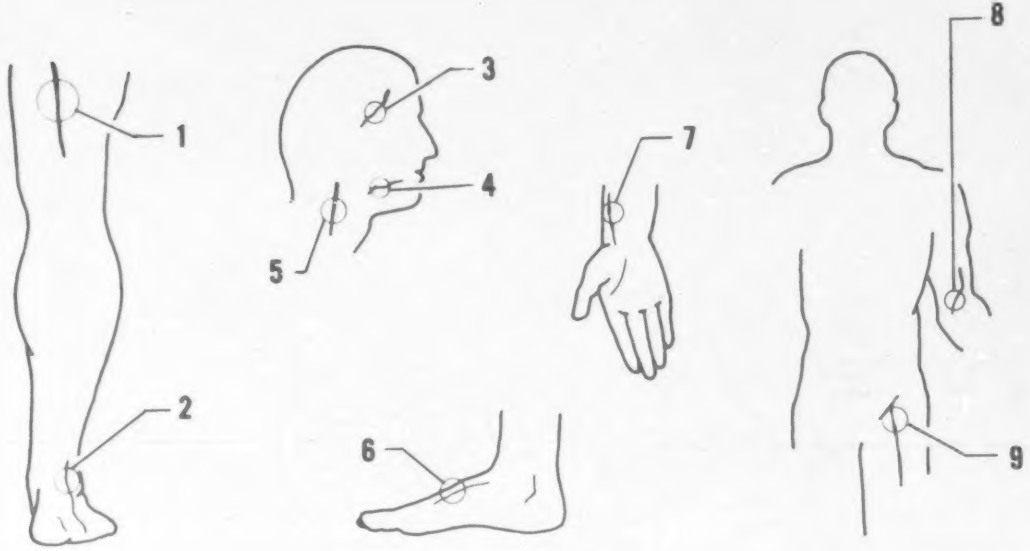
d. 103°


98.6°
92
94
96
98
100
102
104

TAKE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION RATES

ASSIGNMENT SHEET #2--SITES FOR TAKING PULSE

Objective: After completing this assignment, you will be able to label sites for taking pulse.



Directions: Place the name of the sites for taking pulse in the numbered spaces below.

1. ____________________

2. ____________________

3. ____________________

4. ____________________

5. ____________________

6. ____________________

7. ____________________

8. ____________________

9. ____________________

TAKE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION RATES

ASSIGNMENT SHEET #3--QUESTIONS TO ANSWER

Objective: After completing this assignment, you will be able to recall procedures for taking vital signs.

Directions: Answer the following questions using short answers. Use the Information Sheet as a reference.

1. Define fever

2. Define pulse

3. What is the name of the instrument used to measure blood pressure?

4. List the four vital signs

   a.

   b.

   c.

   d.

5. What is the source of most body heat?

6. List three locations where a temperature may be taken

   a.

   b.

   c.

7. What is normal oral temperature range using Fahrenheit _______________? Centigrade _______________?

8. What term means normal respiration?

9. List three types of blood pressure

   ______________________ ______________________

   ____

TAKE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION RATES

ASSIGNMENT SHEET #4--WORD FIND PUZZLE

Directions: Circle in the puzzle the following words related to vital signs. They may be written forward, backward, vertically, horizontally, or diagonally.

- apical
- apnea
- arrythmia
- axillary
- blood pressure
- brachial
- bradycardia
- carotid
- costal
- crisis
- diastolic
- eupnea
- febrile
- femoral
- fever
- hypertension
- hypothermia
- oral
- orthopnea
- pulse
- pulse deficit
- quality
- radial
- rales
- rate
- rectal
- respiration
- sphygmomanometer
- stentor
- stethoscope
- stridor
- systolic
- tachycardia
- temperature
- temporal

S	G	H	Y	A	P	M	O	N	O	M	E	L	E	R	A	T	Y	S
T	S	Y	G	M	P	R	R	O	D	I	R	T	S	O	C	E	T	R
E	U	P	N	E	A	S	C	I	B	L	W	D	D	T	S	M	F	E
T	R	O	H	Y	P	E	R	T	E	N	S	I	O	N	B	P	Q	T
H	J	T	P	D	L	A	A	A	W	P	R	A	T	E	V	E	O	E
O	E	H	U	Z	A	O	D	R	T	G	R	S	H	T	E	R	B	M
S	E	E	L	E	C	M	I	I	S	E	E	T	Y	S	R	A	H	O
C	A	R	S	T	I	Y	A	P	N	P	V	O	R	L	U	T	T	N
O	I	M	E	Y	P	U	L	S	E	L	E	L	A	L	S	U	A	A
P	D	I	D	X	A	P	N	E	A	Y	F	I	L	A	S	R	C	M
E	R	A	E	D	I	T	O	R	A	C	T	C	L	T	E	E	H	O
U	A	P	F	G	H	Y	O	T	C	R	I	S	I	S	R	L	Y	M
W	C	C	I	L	O	T	S	Y	S	P	U	M	X	O	P	A	C	G
W	Y	P	C	A	A	I	M	H	T	Y	R	R	A	C	D	R	A	Y
K	D	K	I	T	R	L	A	R	O	P	M	E	T	B	O	O	R	H
U	A	I	T	C	I	A	E	N	P	O	H	T	R	O	O	M	D	P
R	R	A	L	E	S	U	G	O	P	F	E	B	R	I	L	E	I	S
B	B	O	K	R	C	Q	D	L	A	I	H	C	A	R	B	F	A	T

TAKE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION RATES

JOB SHEET #1--TAKE ORAL TEMPERATURE

Objective: After completing this exercise, you will be able to take an oral temperature.

I. Tools and Equipment:

   A. Oral thermometer

   B. Timing device

   C. Pencil and pad

   D. Tissue

II. Job Procedures:

   A. Wash hands and assemble equipment

   B. Explain to patient what you plan to do. You may practice this procedure with a classmate

   C. Have patient rest in comfortable position

   D. Remove thermometer from container

   E. Read mercury column

   (NOTE: Read mercury column. It should register below 96° F. If needed, shake down. To shake down, move away from table or other hard objects. Hold stem tightly between thumb and fingers. Shake down in a downward motion.)

   F. Insert bulb end of thermometer under patient's tongue, toward side of mouth

   G. Ask patient to hold thermometer carefully with lips closed for three minutes

   H. Remove thermometer; read mercury column. Then read thermometer and record findings

   I. Clean and replace thermometer by proper procedures

   (NOTE: To clean thermometer, wash in cold water and soap and dry it. Place it into the individual disinfectant-filled holder.)

TAKE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION RATES

JOB SHEET #2--TAKE RECTAL TEMPERATURE

(NOTE: The instructor may choose to demonstrate this procedure in the classroom using a manikin. Otherwise, it should be demonstrated in the medical facility.)

Objective: After completing this exercise, you will know the procedure for taking a rectal temperature.

I. Tools and Equipment:

   A. Rectal thermometer

   B. Timing device

   C. Pencil and pad

   D. Tissue

   E. Lubricant

II. Procedures:

   A. Wash hands and assemble equipment

   B. Explain to patient what you plan to do

   C. Have patient turn to one side

   D. Remove thermometer from container. It should register below 96° F.

   (NOTE: If needed, shake down. To shake down, move away from table or other hard objects. Hold stem tightly between thumb and fingers. Shake down in a downward motion.)

   E. Place small amount of lubricant on the bulb end of thermometer with tissue

   F. Fold the bedclothes back in a manner to expose anal area

   G. Separate buttocks with one hand

H. Insert the thermometer gently into rectum 1 1/2 inches. Hold in place

I. Cover patient as soon as thermometer is inserted

J. Thermometer should remain inserted for two minutes

K. Remove thermometer and wipe from stem to bulb end

L. Read mercury column and record on pad

M. After temperature-reading record, marking with an R rectal

N. Clean and replace thermometer by using proper procedures

(NOTE: To clean thermometer, wash in cold water and soap and dry it. Place it into the individual disinfectant-filled holder.)

TAKE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION RATES

JOB SHEET #3--TAKE TEMPERATURE--AXILLARY OR GROIN

Objective: After completing this assignment, you will be able to take temperature in the axilla or groin.

(NOTE: The instructor may choose to demonstrate this procedure in the classroom using a manikin. Otherwise, it should be demonstrated in the medical facility.)

I. Tools and Equipment:

A. Thermometer	C. Pencil and pad
B. Timing device	D. Tissue

II. Procedures:

A. Wash hands and assemble equipment

B. Explain to the patient what you plan to do

C. Remove thermometer from container

D. Read mercury column

(NOTE: It should register below 96° F. If needed, shake down--refer to Job Sheets #1 and #2 for procedures.)

E. Wipe the axillary or groin area dry and place the thermometer against fold in axilla or groin

F. Leave thermometer in place for ten minutes

G. Remove thermometer. Read mercury column

H. Record on pad. Mark AX for axilla or GR for groin area

I. Clean and replace thermometer by using proper procedures

(NOTE: To clean thermometer, wash in cold water and soap and dry it. Place it into the individual disinfectant-filled holder.)

TAKE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION RATES

JOB SHEET #4--TAKE PULSE

Objective: After completion of this exercise, you will be able to take a pulse.

I. Tools and Equipment:

A. Watch with second hand

B. Pen

C. Paper or T.P.R. Book

(NOTE: Many medical facilities use a book specifically designed for recording temperature, pulse, and respiration rates. The information is transferred from the book to the patient's chart.)

II. Procedures:

A. Wash hands

B. Explain to patient what you are going to do. You may practice this procedure with a classmate

C. Place patient's arm in comfortable resting position with palm of hand down

D. Locate pulse on the inside of the patient's wrist just below the thumb, using two or three fingers

E. Press lightly, rolling the fingers over the area until you feel the beat

F. When you have found the pulse, note the rhythm

G. Look at the position of the second hand on the watch

H. Start counting the pulse beat. Keep counting the pulse beat for one full minute

I. If you aren't sure you counted correctly, count again for another one-half minute and multiply by two

J. Immediately record the number of beats opposite the patient's name

K. Wash hands

TAKE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION RATES

JOB SHEET #5--TAKE APICAL PULSE

Objective: After completion of this exercise, you will know the procedure for taking an apical pulse.

(NOTE: This procedure may be demonstrated in the classroom using a manikin.)

I. Tools and Equipment:

  A. Stethoscope

  B. Watch with second hand

  C. Paper and pen

II. Procedures:

  (NOTE: Job requires two individuals.)

  A. Wash hands

  B. Assemble equipment

  C. Identify patient and explain procedure

  D. Provide privacy. Uncover left side of chest with patient in supine position

  E. First person:

    1. Locate apex of heart by placing fingertips on patient's chest below left nipple--about the fifth intercostal space

    2. Insert ear pieces of stethoscope in your ears, place bell over apical region, and listen for heart sounds

    3. On signal, count the beats for one full minute. Note the rate, rhythm, and strength of beat.

  F. On signal, second person counts radial pulse

G. Record on paper immediately:
    1. Radial pulse rate, rhythm, and strength
    2. Apical pulse, rhythm, and strength
    3. Pulse deficit
H. Make patient comfortable
I. Clean and return equipment to designated area
J. Wash hands
K. Report and record procedure and observations

TAKE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION RATES

JOB SHEET #6--COUNT RESPIRATIONS

Objective: After completion of this exercise you will be able to count respirations.

I. Tools and Equipment:

   A. Watch with second hand

   B. Pen

   C. Paper or T.P.R. Book

II. Procedures:

   A. Wash hands

   B. Identify patient and explain procedure

   C. Hold the wrist of the patient as though you were taking the pulse, but release the pressure of your fingers

   D. Glance at second hand of your watch

   E. Watch the patient's chest out of the corner of your eye

   F. Count as you feel the rise and fall of the chest or watch for the rise of the patient's chest for one full minute

   G. Write the number of respirations down next to the pulse of the correct patient's name

   H. Wash hands

TAKE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION RATES

JOB SHEET #7--TAKE A BLOOD PRESSURE

Objective: After completion of this exercise, you will be able to take a blood pressure.

I. Tools and Equipment:

A. Sphygmomanometer

B. Stethoscope

C. Pen and paper

II. Procedures:

A. Wash hands

B. Assemble equipment and take to bedside

C. Identify patient and explain procedure. You may practice this procedure with a classmate

(NOTE: Patient should be lying down or sitting with the arm supported with palm up in a natural position.)

D. Wrap the collapsed cuff of the blood-pressure apparatus around the upper arm just above the elbow, exposing the inner side

(NOTE: The patient's arm should be bare. Hands and fingers should be relaxed.)

E. Check to see if tube is attached to cuff on patient's arm

F. Place ear pieces of stethoscope in your ears

G. Tighten the thumb screw on the rubber bulb of the sphygmomanometer

H. Find brachial artery pulse with fingertips and place diaphragm or bell of stethoscope over pulse beat

I. Inflate the cuff by squeezing the bulb until the pulse stops. Then inflate cuff 20 points higher

(NOTE: As the cuff fills, the mercury or dial rises.)

J. Watch the mercury or dial

K. Loosen the screw or valve slowly to let the air out

L. Listen for the first thumping sound

M. Observe and remember the number where the first sound is heard; this is the systolic pressure

N. Continue letting air slowly out of the cuff, listening until the last beat is heard or notice when the beat changes to a soft thump

O. Observe and note the number on the dial or column where you heard the last beat; this is the diastolic pressure

P. Loosen the screw all the way to release all the air from the cuff

Q. Remove the cuff from the patient's arm and write the two readings down. Record and report blood pressure

(Example: Blood pressure 110/80--systolic pressure over diastolic pressure.)

R. Fold the cuff and clean stethoscope

S. Return equipment to designated area

T. Wash hands

MEASURE AND RECORD FOOD AND LIQUID INTAKE AND OUTPUT

INFORMATION SHEET

It is important that the body maintain a fluid balance. This means that the amount of fluid taken into the body will approximate the amount of liquid eliminated. In some illnesses this fluid balance is not maintained. Intake refers to all liquids taken into the body and output refers to all the liquids eliminated. An Intake-Output Record may be ordered by the doctor to determine the patient's fluid balance.

Most fluids, such as water and food, are taken into the body orally. Liquids may enter in other ways such as by I.V. (intravenously) or by means of a tube to the stomach called a gavage tube. Fluids are sometimes injected into the tissues. This is called hypodermoclysis.

Fluids leave the body by urination, respiration, liquid stools, vomiting, perspiration, bleeding, or drainage.

If an Intake-Output Record is ordered,the following procedure may be followed for determining intake.

1. Explain the procedure to the patient and ask for cooperation
2. Wash hands and assemble equipment in the utility room. You will need the Intake-Output Record, a pen, and a graduate
3. Determine the amount of liquid on the patient's tray before it is served
4. After the patient has finished eating and drinking, note amount of liquid remaining on tray
5. Remove the patient's tray and take the leftover liquids to the utility room. Using the graduate, measure the amount of each liquid leftover
6. Subtract the amount left over from the amount served to determine how much the patient drank. Record this amount as intake
7. Dispose of leftover fluids properly and rinse graduate with cold water. Clean according to hospital policy and return to storage
8. Remember that foods such as gelatin, ice cream, and thin cereal are considered liquid and must be recorded as intake

9. Record the amount of fluids taken between meals

10. Record all other liquid intake as intravenous injections, gavage feeding, or hypodermoclysis

The following procedure may be used to determine output.

1. Measurable liquid output includes urine, vomitus, liquid stools, and some types of drainage

2. After collecting liquid specimens, take them to the utility room

3. Measure fluids using a graduate

4. Record fluid amounts under "output" on Intake-Output Record

5. Dispose of output fluid properly after measuring, and rinse graduate with cold water

6. Clean graduate according to hospital policy and return to storage

7. Perspiration and blood loss are also recorded under output and may be described as little, moderate, or excessive

Intake and output are usually recorded in cubic centimeters (cc). Many hospital containers are graduated in ounces. One ounce is equal to 30 cc. Therefore, to convert ounces to cubic centimeters, you multiply the number of ounces by 30.

Example: 4 oz. orange juice equals 120 cc.

$$\begin{array}{r} 30 \\ \underline{\times\ \ 4} \\ 120 \end{array}$$

Sometimes it is necessary to measure food intake. To do this you must list and measure all the food before it is offered to the patient. After the patient has completed the meal, measure the uneaten food, if any. The actual food intake is determined by subtracting the amount of food left from the amount served. In some instances, the weight of all food eaten and the weight of all stools in a given time period are recorded.

MEASURE AND RECORD FOOD AND LIQUID INTAKE AND OUTPUT

ASSIGNMENT SHEET #1--QUESTIONS TO ANSWER

Objective: After completion of this assignment, you will be able to recall procedures for measuring input and output.

1. List and define two terms that describe how fluids may be introduced into the body other than orally.

   a.

   b.

2. List six ways that fluid can leave the body.

   a. ____________________ d. ____________________

   b. ____________________ e. ____________________

   c. ____________________ f. ____________________

3. How are perspiration and blood loss recorded?

4. How is the amount of food eaten determined?

MEASURE AND RECORD FOOD AND LIQUID INTAKE AND OUTPUT

ASSIGNMENT SHEET #2--CONVERT OUNCES TO CUBIC CENTIMETERS

Objective: After completion of this assignment, you will be able to convert ounces to cubic centimeters.

Directions: Convert the following ounces to cubic centimeters.

1. 3 oz ____________ cc 1.

2. 6 oz ____________ cc 2.

3. 8 oz ____________ cc 3.

4. 12 oz ____________ cc 4.

5. 16 oz ____________ cc 5.

6. 20 oz ____________ cc 6.

7. 32 oz ____________ cc 7.

8. 150 oz ____________ cc 8.

9. 500 oz ____________ cc 9.

10. 1000 oz ____________ cc 10.

MEASURE AND RECORD FOOD AND LIQUID INTAKE AND OUTPUT

ASSIGNMENT SHEET #3--RECORD FLUID INTAKE AND OUTPUT

Objective: After completing this assignment, you will be able to record fluid intake and output.

Directions: Use the accompanying intake and output record. Record intake and output with date and time. Total the figures.

Name--Marvin Freeman
Ward--IV West
Date--Use current date

Items to be listed

8:00 a.m.	90 cc	coffee	oral
	90 cc	grape juice	oral
	60 cc	water	oral
10:00 a.m.	90 cc	hot tea	oral
11:30 a.m.	90 cc	hot tea	oral
11:30 a.m.	120 cc	soup	oral
11:30 a.m.	60 cc	gelatin	oral
11:30 a.m.	40 cc	water	oral
3:00 p.m.	500 cc	N.S.*	I.V.
7:00 a.m.	300 cc	urine	
9:00 a.m.	200 cc	urine	
9:30 a.m.	150 cc	vomitus	
1:00 p.m.	150 cc	urine	
2:00 p.m.	100 cc	vomitus	

*N.S. is Normal Saline

EXAMPLE

INTAKE					OUTPUT			
Date	Time	Meth./ Admin.	Solution	Amt. Rec'd	Time	Urine Amt.	Others	
							Kind	Amt.
3/11					7:30	500cc		
3/11	8:00	oral	grape juice	90cc				
		oral	milk	120cc				
		oral	coffee	90cc				
3/11	9:30	oral	water	180cc				

ASSIGNMENT SHEET #3

COUNTY GENERAL HOSPITAL

FLUID INTAKE & OUTPUT RECORD

Name

Ward

INTAKE					OUTPUT			
Date	Time	Meth./ Admin.	Solution	Amt. Rec'd	Time	Urine Amt.	OTHERS	
							Kind	Amt.
TOTAL					TOTAL			

APPLY COLD

INFORMATION SHEET

The following terms are used in this activity:

Comatose--in a deep stupor, unconscious

Coolant--fluid cooling agent

Cyanosis--discoloration of skin due to lack of oxygen; bluish, gray, or purple

Extremities--an arm (hand, fingers), or leg (foot, toes)

Frostbite--tingling sensation and redness, followed by paleness and numbness of affected area. Frostbite is the local effect of partial freezing of some part of the body

Hypothermia--lowered temperature

Prone--lying face downward

Suppuration--process of pus formation

Thermostat--automatic device for controlling temperature

Vulnerable--easily injured or wounded

Cold slows the metabolic rate. It is used in the treatment of disease to cause constriction of blood vessels and thus control bleeding; to relieve pain, to reduce fever, to reduce swelling, and to slow suppuration.

Dry cold may be provided by the use of ice caps or collars, chemical cold packs, or hypothermia blankets.

An ice cap (Fig.1) is a flat, waterproof bag with a screw cap, that is filled with ice. An ice collar (Fig.2) is a narrow, waterproof bag, filled with ice, and curved to fit the neck.

There are several kinds of commercially prepared cold packs available. In general, these contain chemicals which, when mixed, produce a long-lasting cold temperature. The exact procedure for use varies with different products, so the manufacturer's directions must be followed.

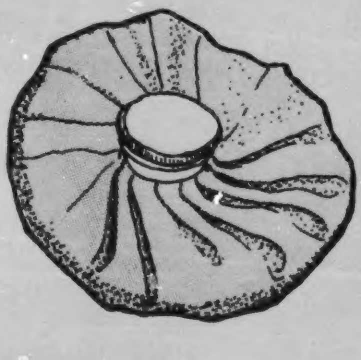


Fig. 1

Hypothermia blankets or mattresses are designed to lower body temperature. They have hollow plastic tubing through which a coolant is circulated mechanically. A thermostat controls the temperature of the blanket, making it possible to maintain the prescribed temperature constantly. The patient's temperature is monitored by means of rectal thermometer at all times during the treatment.

Forms of moist cold include cold moist compresses, alcohol or cool sponge baths, and cool wet packs.

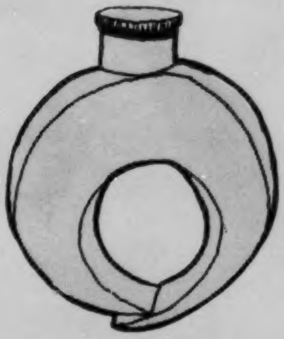


Fig. 2

A compress is a gauze pad or towel wrung from water. Cold compresses are frequently used to relieve inflamed eyes. An ice cap is sometimes placed over the compress to maintain a cool temperature.

Alcohol or cool sponge baths are used to reduce fever. The patient is bathed in the usual manner for a bed bath, but cool water or a mixture of alcohol and water is used instead of soap and water. The cool or tepid water cools the patient. Alcohol evaporates quickly, cooling the surface of the skin.

Cool wet packs are sheets wrung from cool water and placed beneath and over the patient. The cool temperature of the sheet and evaporation of the water, in combination, cool the patient.

When applying cold to a patient,the following general instructions should be followed:

1. Cold treatments must always be ordered by the doctor.

2. The attendant receives orders for patient care from the supervisor, and reports any information about the treatment to the supervisor.

3. Always explain procedures to the patient, and take greatest care to ensure the patient's comfort.

4. The patient must be closely watched during cold treatments to avoid over-chilling the patient, or even frostbite. Extremities are extremely vulnerable.

5. The aged, infants, and comatose patients are more likely to suffer adverse effects from cold applications.

APPLY COLD

ASSIGNMENT SHEET #1--WORD DEFINITIONS

Objective: After completing this assignment, you will be able to define terms used in this exercise.

Directions: Place the word which is defined in the phrases in the blank spaces at the right. Use words from the information sheet for your answers.

1. Automatic device for controlling temperature __________1.
2. Lowered temperature __________2.
3. Discoloration of skin due to lack of oxygen __________3.
4. Tingling sensation and redness, followed by paleness and numbness of affected area __________4.
5. Lying face downward __________5.
6. Easily injured or wounded __________6.
7. In a deep stupor, unconscious __________7.
8. An arm or a leg __________8.
9. Process of pus formation __________9.
10. Fluid cooling agent __________10.

APPLY COLD

ASSIGNMENT SHEET #2--WORD FIND PUZZLE

Objective: You will become familiar with common terms used in applying cold by means of the puzzle.

Directions: The words listed below all pertain to applying cold. They are all to be found in the word find puzzle. They may be vertical, horizontal or diagonal. Circle each word as you find it.

cold pack
comatose
coolant
cyanosis
extremity
frostbite
hypothermic
ice cap
ice collar
prone
sponge bath
suppuration
thermostat
vulnerable
wet pack

S	U	P	P	U	R	A	T	I	O	N	F
P	E	I	C	E	C	O	L	L	A	R	V
O	X	K	C	A	P	T	E	W	O	K	U
N	T	A	C	E	Z	F	S	S	G	C	L
G	R	H	P	I	J	I	T	T	P	A	N
E	E	K	R	L	S	B	N	M	A	P	E
B	M	N	O	O	I	A	O	P	C	D	R
A	I	Q	N	T	L	R	S	T	E	L	A
T	T	A	E	O	U	W	A	B	C	O	B
H	Y	P	O	T	H	E	R	M	I	C	L
C	X	C	O	M	A	T	O	S	E	Y	E
Z	T	A	T	S	O	M	R	E	H	T	A

APPLY COLD

ASSIGNMENT SHEET #3--SHORT ANSWERS TO QUESTIONS

Objective: You will reinforce information about applying cold by answering these questions.

1. How is cold used in the treatment of disease? (List five)

    a.

    b.

    c.

    d.

    e.

2. List three devices for providing dry cold.

    a.

    b.

    c.

3. What makes commercially prepared cold packs produce a longlasting cold temperature?

4. How is the cool temperature of a hypothermic blanket maintained?

5. How does alcohol cool the surface of the body?

6. How do cool wet packs cool the surface of the body?

7. From whom does the attendant receive orders for patient care?

8. Who orders cold treatments?

9. Which parts of the body are most vulnerable to frostbite?

10. Which types of patients are more likely to suffer adverse effects from cold temperature? (List three)

    a.

    b.

    c.

APPLY COLD

JOB SHEET #1--USE OF ICE BAG, CAP, OR COLLAR

Objective: After completing this exercise, you will know the procedure for the preparation and use of an ice bag, cap, or collar.

I. Tools and Equipment:

   A. Ice bag, cap, or collar

   B. Cover

   C. Ice chunks

   D. Patient (student)

II. Procedure:

   A. Collect equipment

   B. Test ice bag for leaks

   C. Fill ice bag one-third full with ice chunks. Work over sink

   D. Expel air and put cover on ice bag

   E. Cover ice bag to absorb condensed moisture

   F. Deliver ice cap to patient's room

   G. Identify patient and explain procedure

   H. Apply ice bag to prescribed area

   I. Make patient as comfortable as possible

   J. Refill or replace ice cap as needed as ice melts

   K. Check patient at frequent intervals

   L. Report any signs of extreme whiteness or blueness to the supervisor

   M. Remove ice bag when treatment is complete

   N. Wash bag and drain dry

   O. Replace cap, but be sure air remains in bag to keep sides from sticking together

APPLY COLD

JOB SHEET #2--APPLY COLD MOIST COMPRESSES

Objective: After completing this exercise, you will know how to apply cold, moist compresses.

I. Tools and Equipment:

   A. Basin of water

   B. Ice chunks

   C. Compresses

   D. Protective sheet

   E. Bath blankets

   F. Manikin

II. Procedure:

   A. Collect equipment and deliver to patient's room

   B. Greet patient and explain procedure

   C. Place compresses in basin containing ice and water (or prescribed medication)

   D. Wring compresses from water and apply to designated area

   E. Protect bed with bath blanket to avoid getting the patient wet

   F. Cold compresses must be changed frequently as body heat warms them rapidly

   G. Make patient as comfortable as possible

   H. Report any signs of cyanosis, paleness, or a gray-white color, in the area being treated, to the supervisor

   I. Remove compresses at completion of treatment

   J. Dry the treated area

   K. Clean equipment and return to storage

APPLY COLD

JOB SHEET #3--GIVE COOL WATER OR ALCOHOL SPONGE BATH

Objective: After completing this exercise, you will know the procedure for giving a cool water or alcohol sponge bath.

I. Tools and Equipment:

- A. Bath blanket
- B. Protective cover for bed
- C. Bath thermometer
- D. Wash clothes
- E. Basin
- F. Water
- G. Ice cap
- H. Hot water bottle
- I. Bath towels
- J. Alcohol
- K. Thermometer
- L. Manikin

II. Procedure:

- A. Assemble equipment
- B. Prepare water (alcohol and water) in basin
- C. Greet patient and explain procedure
- D. Provide for privacy of patient
- E. Offer bed pan or urinal before the bath
- F. Cover patient with bath blanket and fanfold bedding to bottom of bed
- G. Place protective cover under patient
- H. Remove patient's gown/pajamas
- I. Take temperature, pulse, and respiration and record
- J. Place hot water bottle at patient's feet and ice bag at head (if ordered)
- K. Uncover one body area at a time
- L. Sponge each part with a washcloth wrung from the basin. Sponge for about three minutes
- M. Rub part vigorously to increase circulation. Pat dry

N. Body parts are usually sponged in the following order:

  1. each shoulder and arm
  2. chest and abdomen
  3. each thigh and leg

O. Turn patient to prone position:

  1. posterior of shoulders and arms
  2. back
  3. buttocks
  4. posterior of each thigh and leg

P. Replace patient's clothing; make patient comfortable

Q. Take temperature, pulse, and respiration

R. Remove equipment, leave patient's room in order

S. Care for equipment

T. Take patient's temperature one-half hour after bath

U. Cautions for cooling bath:

  1. be sure the temperature of the bath is that prescribed by the doctor
  2. watch the patient closely for signs of chills, bluish lips and nails of a weak, rapid pulse

JOB SHEET #4--APPLY COOL WET PACKS

Objective: After completing this exercise, you will know the procedure for applying cool wet packs.

I. Tools and Equipment:

   A. Plastic (protective) sheet

   B. Container of water at 60° F.

   C. Three sheets

   D. Bath blankets

   E. Thermometer

   F. Rubbing alcohol

II. Procedure:

   A. Assemble equipment and take to patient's room

   B. Greet patient

   C. Identify patient

   D. Explain procedure

   E. Provide privacy for patient

   F. Fan fold top bedding to foot of bed

   G. Cover patient with bath blanket

   H. Turn patient to side, place protective sheet covered with bath blanket beneath patient

   I. Check vital signs and record

   J. Wring sheet from cool water

   K. Place cool wet sheet beneath patient

   L. Return patient to back

   M. Wring second sheet from cool water

   N. Remove bath blanket and cover patient with second cool, wet sheet

O. Prepare third sheet by wringing from cool water

P. Replace warmed sheets with cooled wet sheet

Q. Continue to replace warmed sheets with cooled wet sheets for about 20 minutes, or as ordered

R. To discontinue treatment:

S. Remove wet sheets and protective sheet

T. Replace dry sheets, cover patient to leave arms, legs, and chest exposed

U. Check vital signs and record

V. Clean and replace equipment

APPLY HEAT

INFORMATION SHEET

Heat treatments are used to treat some diseases, to relax tense muscles, and to relieve inflammation and swelling. Heat treatments also combat local infection, and give the patient a feeling of warmth, comfort, and relaxation.

Heat causes the blood vessels to dilate; thus the blood flow to the heated area is increased. It also stimulates the sweat glands and increases perspiration.

Heat may be provided as dry heat, moist heat, or medicinal heat. Examples of dry heat are a hot water bottle (bag), an electric heating pad, a heat lamp, or a chemical hot pack.

Moist heat may be provided by hot compresses, sitz baths, hot soaks, moist hot dressings, or steam inhalation.

Medicinal heat is provided by applying irritants such as mustard or liniment to the skin.

The nerves in the skin quickly become numb when exposed to heat. Heat may be gradually increased to a dangerous level without the patient feeling pain. Therefore, extreme care, including frequent monitoring, must be used in giving any heat treatment.

The following general rules should be observed when giving heat treatments:

1. Heat is applied only when ordered by a doctor. If a patient asks for heat, refer the request to your supervisor.

2. Be sure to follow the doctor's orders precisely as to the exact site, duration, and frequency of treatment.

3. Check equipment carefully before use.

4. Make the patient as comfortable as possible during treatment.

5. Always check the temperature of water or solutions with a bath thermometer before use.

6. Be aware that patients are easily burned with heat applications.

7. Take special care with patients who are comatose, under anesthesia, or disoriented.

8. Remember that diabetics or any patients with circulatory impairment are more susceptible to burns.

9. Some parts of the body are more sensitive to heat (e.g., the inside surface of the arm, the neck, the eyelids) than others.

The hot water bottle is one of the most commonly used types of dry heat. Instructions about the exact body part to be treated and the length of treatment are given to the supervisor by the doctor. The attendant's responsibility is determined by the supervisor. The temperature of the hot water bottle should be carefully regulated when the bottle is prepared. Then hot water is added at intervals to maintain the prescribed temperature.

At frequent intervals during treatment the attendant must check the patient to make sure the skin is not excessively red. Do not permit a patient to lie on a hot water bottle, to avoid possible burning.

An electric heating pad is sometimes used to provide dry heat. A heating pad has the advantage of a thermostat for control of temperature and for maintenance of a constant temperature. Some institutions do not use them, however, because of the danger of burning the patient. Be sure to check the patient's skin frequently for redness while a heating pad is in use. Do not allow a patient to lie on an electric heating pad, to avoid possible burning.

Lamp treatments may be given to relieve pain, relax muscles, or stimulate circulation. Plain light bulbs are used for some treatments, including perineal treatments following childbirth, or the treatment of decubitus ulcers. Lamps that produce infrared or ultraviolet rays are used for special purposes, and such treatments are usually given by especially trained personnel.

A chemical hot pack is a prefilled package containing ingredients that produce heat when mixed. The pack is squeezed to cause mixture of ingredients with the release of heat.

A hot compress is an example of moist heat. A compress is a cloth which has been placed in a basin of hot water, wrung, and folded to form a pad. It is applied to stimulate blood flow, promote drainage, or relieve pain.

A sitz, or hip bath, is used to apply moist heat to the pelvic area. It is usually prescribed to cleanse a wound or relieve pain. The patient is placed in a tub containing hot water of specified depth. Special sitz bathtubs are designed to permit the patient to sit in the tub with feet remaining on the floor. Only the pelvic area is immersed.

A soak is a procedure in which any body area, such as an arm or a leg, is immersed in water at a prescribed temperature, and for a specified time. Hot soaks are used to stimulate circulation to a given area, cleanse wounds, apply medicine, or aid in breaking down infected tissue. If the patient is strong enough, hot soaks are usually given with the patient seated in a chair, but may be given to a bedfast patient.

Moist, hot dressings are used similarly to hot soaks. Dressings, such as towels, wrung from hot water, or from medicated hot water, are placed on the affected area. The area covered with dressings is then wrapped with rubber sheets and bath blankets to conserve the heat.

Steam inhalation is another type of moist heat treatment. Warm, moist air for breathing is provided to relieve swelling, inflammation, congestion, and pain in the upper respiratory tract.

APPLY HEAT

ASSIGNMENT SHEET #1--COMPLETION STATEMENTS

Objective: After completing this activity, the student will be able to recall information about applying heat.

Directions: Complete the following statements by placing the word or phrase needed in the blank space at the right.

1. Heat ___ blood flow to the heated area. (increases, decreases) ____________ 1.
2. Heat may be provided as dry heat, ___ heat or medicinal heat. ____________ 2.
3. Hot compresses, sitz baths, and hot soaks, are all examples of ___ heat. ____________ 3.
4. Liniments or mustard are irritants to the skin and provide ___ heat. ____________ 4.
5. Hot water bottles, electric heating pads, and heat lamps are all examples of ___ heat. ____________ 5.
6. Only the ___ orders heat treatments for a patient. ____________ 6.
7. The attendant's responsibility for use of the hot water bottle is determined by the ___. ____________ 7.
8. The advantage of an electric heating pad is that it has a thermostat to control the ___. ____________ 8.
9. Ordinary light bulbs are used for some light treatments, but for special purposes infrared or ___ light is sometimes used. ____________ 9.
10. A ___ or hip bath is used to apply moist heat to the pelvic area. ____________10.
11. A procedure in which a body area as an arm or leg is immersed in water is a ___. ____________11.

APPLY HEAT

ASSIGNMENT SHEET #2--USES OF HEAT

Objective: After completing this activity, you will be able to identify some uses of various types of heat treatment.

Directions: Some types of heat treatment are listed below. Choose from the list the treatments most commonly used for the following conditions.

electric heating pad
heat lamp
hot soak
sitz bath
steam inhalation

1. Patient needs to have arm immersed in water at prescribed temperature for a specified time. ________1.
2. Patient needs heat treatment to perineal region following childbirth. ________2.
3. Patient needs dry heat at a constant temperature and for a definite length of time. ________3.
4. Patient needs heat to relieve pain in upper respiratory tract. ________4.
5. Patient needs moist heat applied to pelvic area. ________5.

APPLY HEAT

JOB SHEET #1--SENSITIVITY TO HEAT

Objective: After completing this activity, you will be aware of the possibility of burning patients when applying heat.

I. Tools and Equipment:

- A. Water
- B. Water heater
- C. Thermometer
- D. Wash basin
- E. 20 ml test tube (approximate size)

II. Procedure:

Students may work in pairs.

A. Caution: Use extreme care in this procedure to avoid discomfort.

Prepare a basin of water at a temperature of 115° F.
Plunge hand into basin and remove at once.
Prepare a basin of water at room temperature. Place hand in water.
Gradually add hot water until a temperature of 115° F. is reached.
Use great care to avoid pouring hot water directly on hand.
Note intensity of sensation to heat in first basin relative to sensation in second.

B. Prepare a test tube of water at 115° F.
Place the tube on the back of the hand and on the palm of hand.
Then place tube on the inside surface of the upper arm.
Note the relative sensitivity to heat of the various parts.
Be sure to keep the water at same temperature throughout the experiment.

APPLY HEAT

JOB SHEET #2--PREPARE A HOT WATER BOTTLE

Objective: After completing this activity, you will be able to prepare a hot water bottle. Fig. 1

I. Tools and Equipment:

- A. Hot water bottle and cover
- B. Pitcher
- C. Bath thermometer
- D. Towel
- E. Manikin or a student

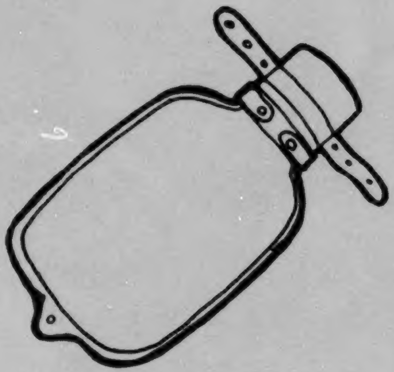


Fig. 1

II. Procedure:

- A. Fill pitcher with hot water
- B. Test temperature of water using bath thermometer
- C. Add cold (or hot) water to pitcher until prescribed temperature is attained. (Usually 115°-125° F.)
- D. Fill hot water bottle one-third to one-half full
- E. Place hot water bottle flat on table and permit the water to flow near the top. This forces air out of the bottle, and makes it flatter and easier to fit to body contours
- F. Place the stopper securely in the bottle (or close tabs) and test for leaks
- G. Dry the outside of the hot water bottle and cover
- H. Greet "patient" and explain procedure
- I. Apply hot water bottle to the affected area as ordered. Do not permit the patient to lie on the hot water bottle
- J. Check the patient at frequent intervals for discomfort and reddening of skin. Be aware always of the real possibility of burning a patient with a hot water bottle
- K. When treatment is complete, return all equipment to correct place; clean and store

APPLY HEAT

JOB SHEET #3--APPLY HEATING PAD

Objective: After completing this activity, you will know the procedure for applying a heating pad.

I. Tools and Equipment:

   A. Electric heating pad

   B. Cover

   C. Manikin or a student

II. Procedure:

   A. Assemble equipment

   B. Check heating pad. Connect it to an electric outlet and turn control knob to "high". The pad should heat promptly. Never use a heating pad with a frayed or worn cord. Disconnect cord

   C. Cover heating pad and take to "patient's" bedside

   D. Greet "patient" and explain procedure

   E. Plug in cord as close to bedside as possible; turn control knob to prescribed temperature

   F. Place on affected area and secure in place. Caution patient not to lie on heating pad

   G. Check patient frequently. See if the skin is reddened, or if patient is uncomfortable

   H. Remove pad when treatment is complete

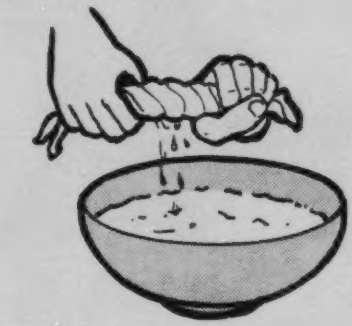
   I. Return all materials to designated area

APPLY HEAT

JOB SHEET #4--APPLY HOT COMPRESSES

Objective: After completing this activity, you will know the procedure for applying a hot compress.

I. Tools and Equipment:



   A. Compress cloths (towels)
   B. Basin containing warm solution
   C. Bath thermometer
   D. Bed protector
   E. Bath blanket
   F. Manikin or a student

Fig. 2

II. Procedure:

   A. Assemble equipment
   B. Greet and identify "patient". Explain procedure
   C. Place compress cloth in heated solution
   D. Wring the solution from the cloth Fig. 2
   E. Apply compress to prescribed area immediately so that no heat is lost
   F. Cover the area with bed protector and then with bath blanket
   G. Remove compress when cool and repeat procedure
   H. When treatment is completed, carefully dry the affected area
   I. Make patient comfortable
   J. Clean and store equipment

Progress Chart
for
NURSE AIDE

D.O.T. #355.674-014

1=Introduced to task and has begun training

2=Completed training and can perform task

General Responsibilities	1	2
Answer signal lights and bells to determine patients needs		
Bath patient		
Assist patient to dress and undress		
Serve and remove patient trays		
Feed a helpless patient		
Transport patient using wheelchair, or assist patient to walk		
Drape patient for examination and treatment		
Dust and clean patient's room		
Change bed linens		
Runs errands and directs visitors		
Answer telephone		
Take and record temperature, pulse, and respiration rates		
Measure and record food and liquid intake and output		
Apply cold		
Apply heat		

This student has accomplished the indicated training under my supervision.

Student ______________________

Instructor ______________________

ADDITIONAL RELATED COMPETENCIES

General Responsibilities	1	2

This student has accomplished the indicated training under my supervision.

____
Student

____
Instructor

STUDENT'S INDIVIDUALIZED

STUDY PACKET

NURSE AIDE

CENTRAL SUPPLY

Materials Developed and Distributed by
Occupational Curriculum Laboratory
Secondary and Higher Education
East Texas State University
Commerce, Texas

In Cooperation With
Texas Education Agency
Occupational Education and Technology
Austin, Texas

PREPARE DRESSING PACKS

INFORMATION SHEET

Supplies such as dressings, linens, and instruments are wrapped and sterilized in Central Supply. The package is folded to provide an envelope to contain the supplies while they are being sterilized and to retain sterility until the package is opened. The inside of the wrapper provides a sterile field as the package is opened.

Wrapping materials are usually muslin or paper. All wrappers should be permeable to the sterilizing medium and have good filtering qualities. They should be strong enough to hold the articles being sterilized without tearing, and should be free of holes. Wrappers should be large enough to completely contain and protect the supplies.

If paper is used for wrapping, a single thickness is adequate, but paper should not be used in hot oven sterilization because it chars at high, dry temperatures. Canvas should not be used as a wrapper because steam doesn't penetrate it adequately. If muslin is used, a double thickness is required to provide safe coverage.

The terms dressing or sponge refer to material of any type or size used to protect a wound, sponge an area, or for blunt dissection. A dressing pack means any sterile package containing dressings or sponges. Since there are more than 5,000 different styles of dressings in current use and because a single dressing is often known by more than one name, some confusion regarding types of dressings is sure to occur. However, most medical facilities use a relatively small number of dressings.

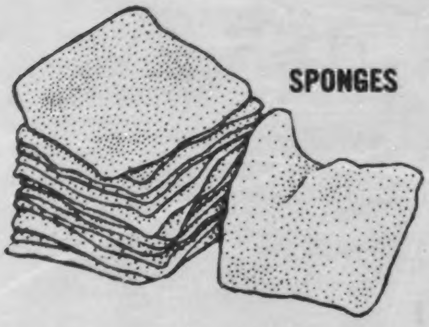
Most dressings are of cotton, but occasionally dressings of silk, wool, or cellulose are used. They are folded in various sizes and shapes with all raw edges carefully placed inside the folds. Ravels from raw edges of dressings could cling to a wound, act as a foreign body, and impede healing. Some commercial dressings are prepared with a thin layer of synthetic material that will not cling to a wound. Some sponges used in surgery are prepared with a radiopaque line that can be seen in x-ray pictures. Such sponges can be easily detected in deep wounds or surgical fields.

In some medical facilities nonsterile dressings are purchased in bulk quantities, then small quantities are packaged and sterilized prior to use.

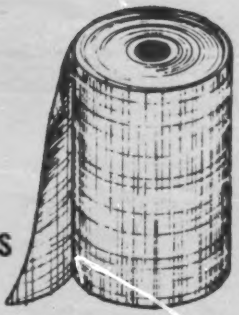
Examples of dressing and sponges are plain gauze bandages, gauze bandages for pressure dressing, cotton balls to wipe skin surfaces, and gauze sponges, size 2" x 2" or 4" x 4", used for dressings or sponging. Others include fluff sponges for pressure dressings and cherry (peanut) sponges to be used with forceps during surgery for sponging and blunt dissection. Tonsil sponges are especially designed to be used with forceps during tonsillectomies.

The duties of the Nurse Aide, Central Supply, vary from one medical facility to another. Some places use disposable pre-packed sterile dressings almost exclusively, while others find it more economical and convenient to wrap and sterilize most of the dressings at the medical facility. Whatever method is used, it is imperative to have a constant, reliable supply of sterile dressings.

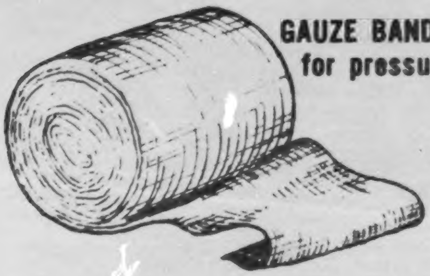
EXAMPLES OF DRESSINGS AND SPONGES



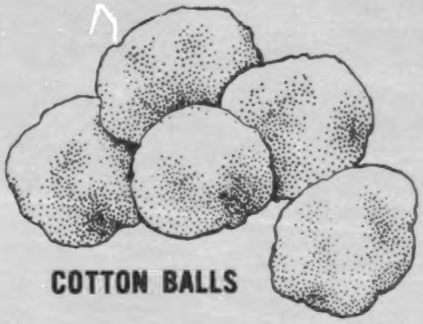
SPONGES



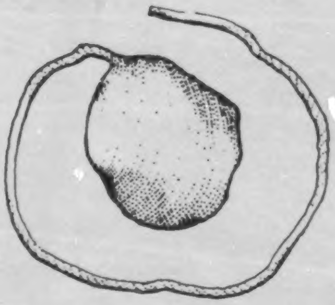
GAUZE BANDAGES



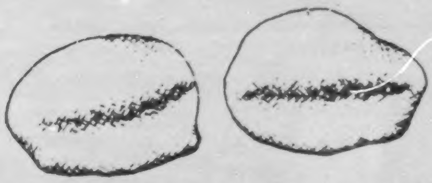
GAUZE BANDAGES
for pressure dressing



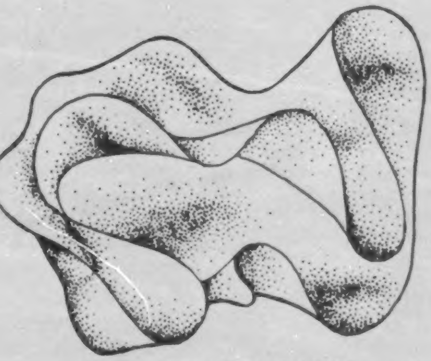
COTTON BALLS



TONSIL SPONGE



CHERRY or PEANUT SPONGES

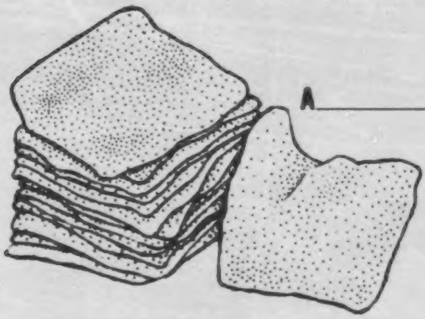


FLUFF SPONGE

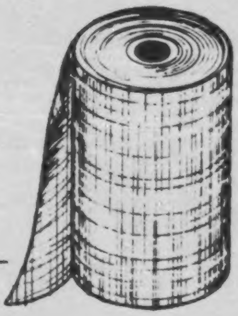
PREPARE DRESSING PACKS

ASSIGNMENT SHEET #1--IDENTIFY TYPES OF DRESSINGS AND SPONGES

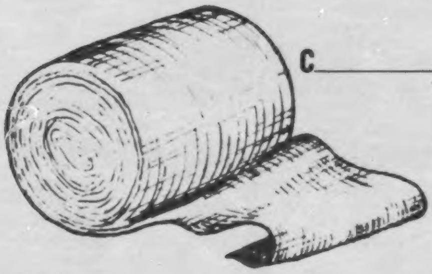
Objective: After completion of this exercise, you will be able to identify 6 types of sponges or dressings.



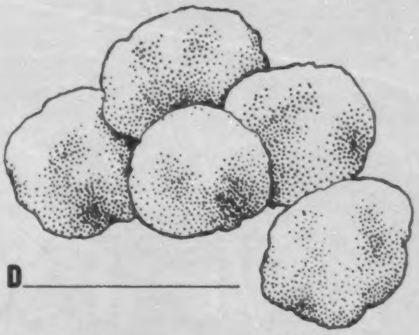
A________



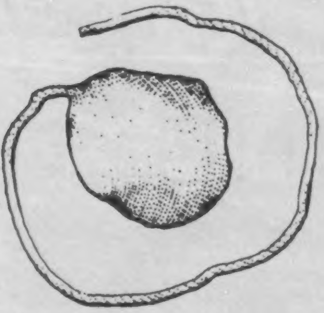
B________



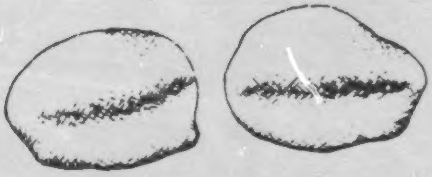
C________



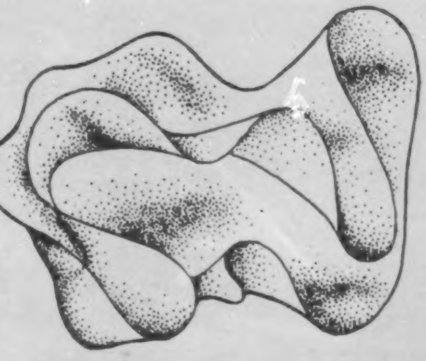
D________



E________



F________



G________ ______

PREPARE DRESSING PACKS

ASSIGNMENT SHEET #2--COMPLETION STATEMENTS

Objective: After completion of this assignment, you will be able to recall information about preparing dressing packs.

Directions: Place the word that best completes the statement in the blank space at the right.

1. Wrapping materials are usually of muslin or ____________________ 1.

2. Wrappers should be ____ to the sterilizing medium and have good filtering qualities. ____________________ 2.

3. Paper should not be used as a wrapper in hot oven sterilization because it ____________________ 3.

4. Canvas is not used as a wrapper because steam does not ____ adequately ____________________ 4.

5. Dressings or sponges may be of any type or size and may be used to ____ a wound. ____________________ 5.

6. Most dressings are of ____, but occasionally dressings of silk, wool, or cellulose are used. ____________________ 6.

7. Ravels from a dressing could cling to a wound and impede ____________________ 7.

8. What is the purpose of a radiopaque line in a sponge? ____________________ 8.

PREPARE DRESSING PACKS

ASSIGNMENT SHEET #3--SCRAMBLED TERMS

Objective: After completing this assignment, you will be more familiar with terms used in preparing dressing packs.

Directions: Unscramble the letters below to form terms associated with preparing dressing packs.

1. PAPREWR _ _ _ _ _ _ _
2. USLIMN _ _ _ _ _ _
3. VALER _ _ _ _ _
4. DICINROTA _ _ _ _ _ _ _ _ _
5. CAPEGAK _ _ _ _ _ _ _
6. LISTERE _ _ _ _ _ _ _
7. LASGINE PATE _ _ _ _ _ _ _   _ _ _ _
8. IDOQAPUERO _ _ _ _ _ _ _ _ _ _

Rearrange the circled letters to form another related term.

9. _ _ _ _ _ _ _ _ _

PREPARE DRESSING PACKS

JOB SHEET #1--WRAP DRESSINGS FOR STERILIZATION

Objective: After completion of this job sheet you will be able to wrap dressing for sterilization.

I. Tools and Equipment:

- A. 12, 4" x 4" gauze sponges
- B. 1 muslin square 12" x 12" (double thickness)
- C. Autoclave sealing tape
- D. Sterilization indicator tape

II. Procedure:

- A. Collect equipment
- B. Check muslin wrapper for holes
- C. Place wrapper on work area
- D. Place sponges diagonally in center of wrapper. (Fig. 1) Arrange sponges loosely to allow free circulation of steam within the pack during sterilization
- E. Place sterilization indicator tape on top of sponges. Place date and your initials on the tape
- F. Fold over nearest corner of wrapper, creasing back the flap (Fig. 2)

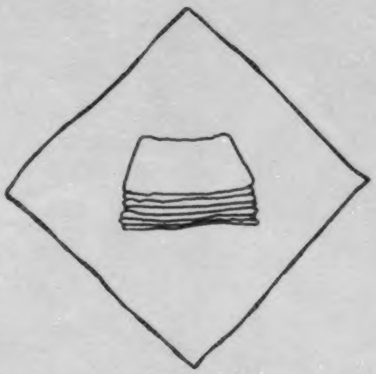


Fig. 1

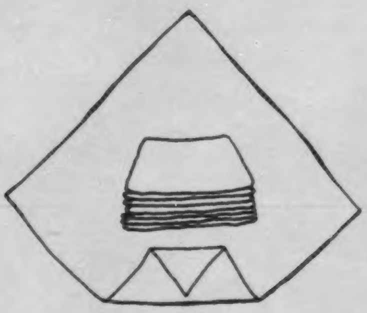


Fig. 2

G. Fold right flap over (Fig. 3)

H. Fold left flap over (Fig. 4)

I. Bring far corner over to complete the packet (Fig. 5)

J. Seal with Autoclave Sealing Tape, which has been labeled and dated

K. Place in tray to be autoclaved

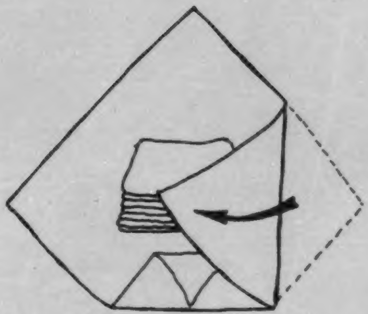


Fig. 3

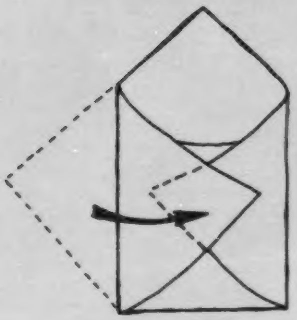


Fig. 4

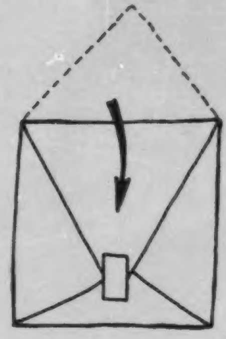


Fig. 5

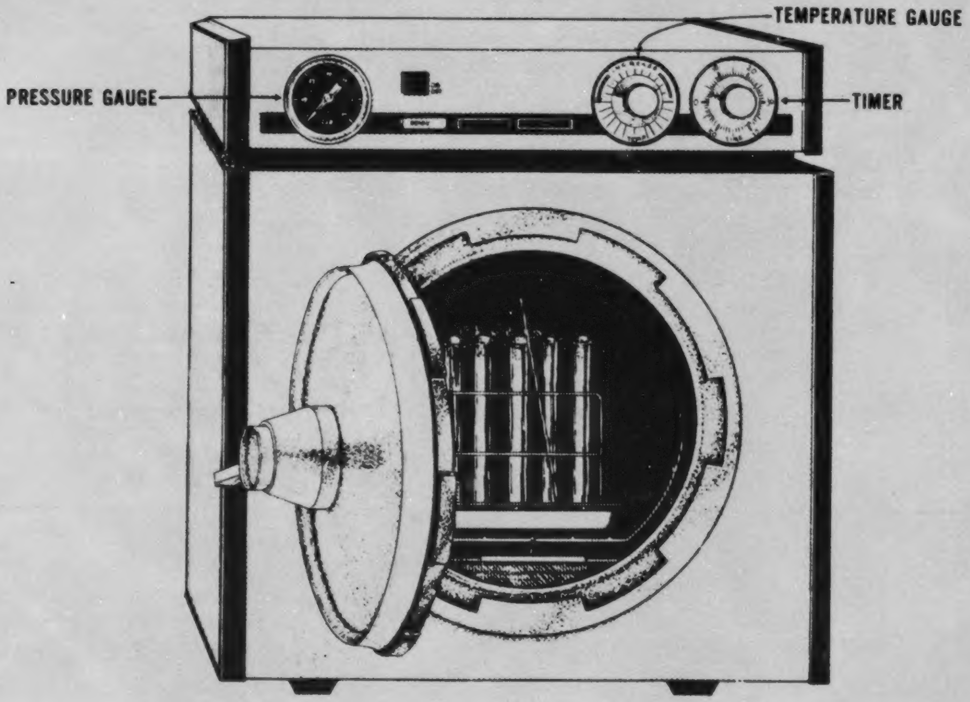
STERILIZE PACKS, TRAYS, AND OTHER SUPPLIES

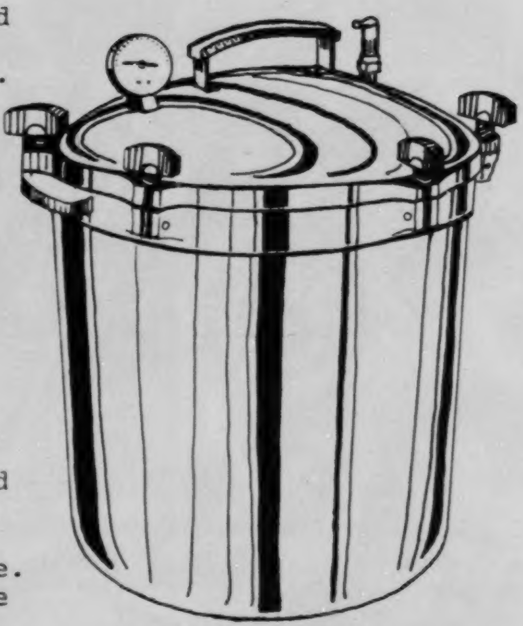
INFORMATION SHEET

Materials and supplies used for patients must always be clean. Many of these must also be sterile. Sterilization is the process by which all germs are destroyed, even spores. A spore is a resistant form that some bacteria can assume under poor conditions. The method of sterilization used depends on the material to be sterilized and, to some extent, the equipment available.

The autoclave is one of the most common sterilizers used and one of the most effective. An autoclave destroys bacteria by the use of live steam under pressure. Water boils at 100° C. (212° F.), but the temperature of steam may be increased above 100° C. by collecting it under pressure. For example, steam under 15# pressure per square inch has a temperature of 121° C. Autoclaves are usually used to sterilize packs and trays of equipment.

AUTOCLAVE





Pressure Cooker

A pressure cooker commonly used in household cooking and canning also uses steam under pressure. In some small medical facilities, a pressure cooker may be used to sterilize supplies. In order to introduce you to the use of steam under pressure for sterilization, you may use a pressure cooker in the classroom.

A pressure cooker is a heavy kettle with a cover which can be clamped or locked down to make it steamtight. The cover is fitted with a safety valve. If the pressure inside the cooker becomes too great, the valve will allow steam to escape without blowing the lid from the cover. The cover also has a pressure gauge so you can determine the pressure inside the kettle during sterilization.

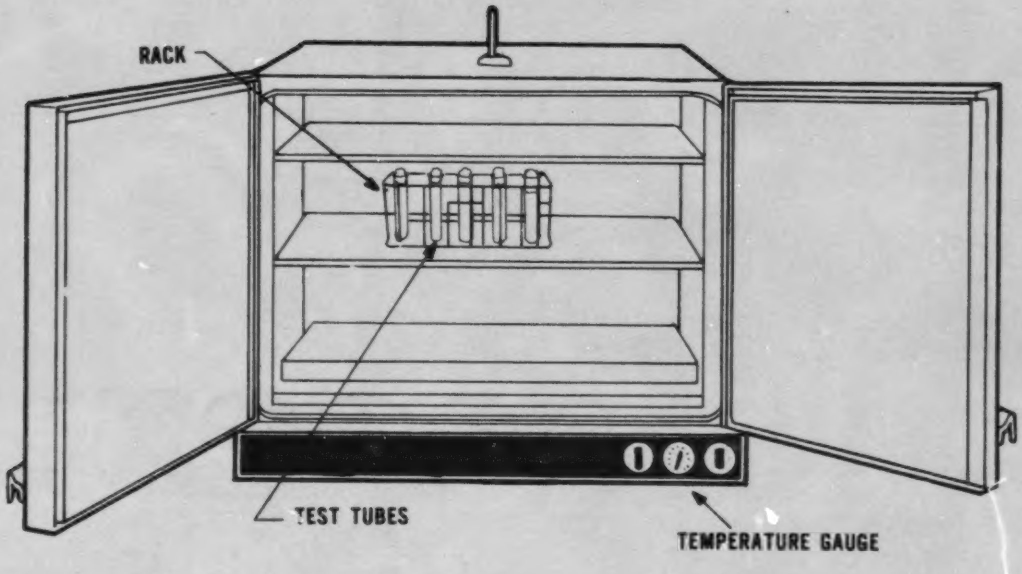
Boiling water is a form of moist heat that is sometimes used for sterilization. It has the advantage of requiring little special equipment. Boiling water kills most bacteria, but it does not destroy spore forms nor all viruses.

Therefore, if the presence of spore-forming bacteria or infectious viruses (hepatitis) is suspected, the materials must be autoclaved before use, or decontaminated and discarded.

Boiling water is sometimes used for sterilizing small, unwrapped items such as disassembled syringes, blunt instruments, soft rubber goods, some glassware, and metalware.

Ovens use dry heat to destroy bacteria. They may be used to sterilize materials that may be damaged or destroyed by moist heat, or that must be completely dry before they can be used. Sharp instruments and needles may be sterilized by dry heat to preserve cutting edges. Drying ovens may be heated by gas or electricity, and they should have automatic temperature controls. A temperature of 150° to 160° C. for at least one hour is required for sterilization by dry heat.

STERILIZING OVEN



Gas sterilization is used to sterilize items that would be damaged or destroyed by exposure to steam under pressure or dry heat. Articles used for anesthesia or respiratory therapy, lenses, and electrical equipment are usually sterilized with ethylene oxide gas.

Ethylene oxide is a gas that sterilizes effectively because it enters porous substances, yet it is not damaging. It destroys bacteria effectively, but is toxic to human tissue. It blisters the skin on contact, is harmful to the eyes and mucous membrane, and it is irritating to the respiratory system if inhaled. Therefore, the nurse aide using ethylene oxide must exercise the greatest care to air thoroughly any articles sterilized to avoid harming patients, and for his/her own protection.

Radiation sterilization is effective, but not yet practical for general use. Bacteria are destroyed by exposure to either beta particles or gamma rays, but the equipment is still complex and expensive.

There is no margin for error in sterilization procedures. Therefore, it is necessary to check constantly to make sure that the supplies are actually sterile when your equipment and procedures are used. However, the best way to insure complete sterilization is for you to accept the responsibility of the job, and do your very best.

There are various types of controls or checks to test sterilization procedures. Chemical controls are commonly used. One type is the sealed glass ampule containing pellets which melt when the temperature has reached the required degree. Another type of chemical control is a card or strip that contains a dye. The dye changes color when exposed to sterilization by moist heat. A third commonly used control is a sterilization-indicating tape. This tape has markings that change color when exposed long enough to sterilization temperature. All of these are examples of devices to help make sure that the procedures and equipment used produce supplies that are completely sterile and safe for the patient.

The most effective method of confirming sterility is to use live bacteria or biological control.

Spores of non-pathogenic bacteria are placed on paper strips or in sealed ampules. The paper strips or ampules are placed in the sterilizer along with the regular load and subjected to the sterilization process. After sterilization is completed, the paper or ampule is sent to the bacteriology laboratory for culture. If no bacteria grow, all bacteria and spores have been destroyed. This indicates that sterilization is complete. If bacteria grow, this indicates that the sterilization process does not destory all bacteria. The equipment and procedure must then be corrected and retested before it can be used to sterilize supplies.

In most central supply rooms, samples of air, surfaces, and equipment are sent to the bacteriology laboratory for a sterility check at intervals. Actual sterility in a central supply room is, of course, impossible, but every effort is made to keep the working area as clean and free from bacteria as possible.

STERILIZE PACKS, TRAYS, AND OTHER SUPPLIES

ASSIGNMENT SHEET #1--COMPLETION STATEMENTS

Objective: After completing this exercise, you will be able to recall information about sterilizing packs, trays, and other supplies.

Directions: Fill in the blanks to complete the meanings of the following statements.

1. Examples of sterilizers that use steam under pressure are a pressure cooker and a(n) ____. ____________________ 1.

2. A ____ ____ allows steam to escape from a pressure cooker. ____________________ 2.

3. The process by which germs are destroyed is ____. ____________________ 3.

4. A ____ is a resistant, inactive form that some bacteria can assume. ____________________ 4.

5. ____ ____ is the gas usually used for sterilization. ____________________ 5.

6. The temperature of live steam can be increased above 100° C. by increasing ____. ____________________ 6.

7. The gas used in sterilization is toxic to human tissue and ____ the skin on contact. ____________________ 7.

8. Articles sterilized with gas must be thoroughly ____ before they are used. ____________________ 8.

9. Sterilization controls which use glass ampules with pellets or tapes with dye are ____ controls. ____________________ 9.

10. Biological controls use live ____. ____________________10.

STERILIZE PACKS, TRAYS, AND OTHER SUPPLIES

ASSIGNMENT SHEET #2--PUZZLE BLOCK

Objective: You will become more familiar with the terms included in this exercise.

Directions: Complete the words in the spaces below. Then rearrange the missing letters to form the word described.

S	T	E	R	I	L	E

Free of all living germs

1	C	O	N		R	O	L
2	N		E	D	L		S
3	B	O		L	I	N	G
4	A	M	P	U		E	S
5	B	L	I		T	E	R
6	D	E	S	T		O	Y

1. Checks to test the effectiveness of sterilization procedures
2. ____ may be sterilized by dry heat to preserve their cutting edge
3. Water heated to 100° C
4. Sealed glass tube
5. Injury to skin that can result from contact with ethylene oxide
6. To ruin or kill

STERILIZE PACKS, TRAYS, AND OTHER SUPPLIES

JOB SHEET #1--USE OF THE AUTOCLAVE

Objective: After completion of this exercise, you will know the procedure for the operation of the autoclave.

I. Tools and Equipment:

   A. Autoclave

   B. Materials to be sterilized,such as linen packs, trays, or supplies

   C. Clock or timer

II. Procedure:

   A. Observe safety precautions

      1. Make sure escape valves and discharge lines are open

      2. Check filter screens. Clean if necessary

   B. Check articles to be sterilized. They should be clean, properly wrapped, and labeled

   C. Wrapped packages should not be larger than 12" x 12" x 20" nor weigh more than 20 pounds

   D. Load autoclave, arranging articles loosely to allow for the free flow of steam

   E. Articles should not touch the walls, floor, or roof of the autoclave

   F. Close door securely

   G. Determine time and temperature needed to sterilize items from chart (e.g., 15 pounds pressure per square inch for 15 minutes)

   H. Set controls for required time and temperature

   I. After sterilization is complete, allow pressure gauge to return to zero

   J. Open door carefully. Avoid escaping steam

K. Allow articles to cool and dry. Then remove from autoclave and store

L. A record of temperature inside the chamber and time articles are exposed to steam are registered on a graphic chart. At end of 24-hour period, file chart and replace

CLEAN SUPPLIES

INFORMATION SHEET

The Nurse Aide working in Central Supply will need to know the methods for cleaning various kinds of equipment.

Some equipment may be contaminated with disease bacteria, therefore it will need to be decontaminated to destroy disease germs before it is cleaned. This prevents spreading disease-causing germs. Contaminated materials not damaged by water and heat may be cleaned in a washer-sterilizer. With this machine, equipment is washed in detergent solution while it is sterilized with saturated steam.

Materials that are damaged by heat may be decontaminated by soaking them in a chemical disinfectant before washing.

Equipment that is damaged by water, such as lenses, may be decontaminated by exposure to gas, such as ethylene oxide, or by radiation.

After decontamination, equipment must be cleaned. The simplest method of cleaning is to rinse in cool, running water to remove gross soil. (Hot water tends to "cook" body fluids, such as blood or mucus and make removal more difficult). Then the rinsed articles are washed in detergent or soap and water. A brush is used to remove stubborn dirt. After thorough cleaning and scrubbing, items are rinsed to remove every trace of detergent or soap. Sometimes ether or alcohol is used to dissolve oil. Remember that ether is highly flammable. Never use it around an open flame.

After cleaning and rinsing, examine each article to be sure it is clean, and to check for needed repairs. Irreparable items should be discarded.

Ultrasonic cleaners are devices used to remove soil from equipment by means of sound waves. These sound waves are too high for humans to hear. When passed through a solution, the sound waves cause the solution to vibrate (cold boiling). This vibration loosens soil particles. Ultrasonic cleaners are very useful in removing microscopic particles as well as gross soil in the inaccessible areas of tools. These cleaners are most frequently used to clean metal or glass equipment, such as dental and surgical instruments. Ultrasonic cleaners do not sterilize.

It is important to follow the manufacturer's instructions, and to use the detergent solution recommended, when using the ultrasonic cleaner. You should lift a basket by its handle or remove instruments from the unit with tongs because the chemical solution may injure the skin. Always avoid exposure to ultrasonic waves because they may damage tissue.

Large and complex pieces of equipment such as kidney dialysis units or heart-lung machines present special problems in cleaning. The manufacturer's instructions for cleaning, disinfection and maintenance should be followed. In general, detachable parts such as tubing are removed for cleaning. Often these parts are disposable. The outside of machines are wiped with a disinfectant, followed by cleaning with a detergent.

The method of cleaning is determined by the type of equipment to be cleaned and by the cleaning facilities available.

Glassware is cleaned by first rinsing in cool water, then washing with soap or detergent and water. After it is washed and rinsed thoroughly, the glassware may be air-dried.

A glass syringe is an instrument used for injecting fluids. It consists of a barrel with a plunger inside. The barrel extends to form a tip to which a needle may be attached. Syringes are precision instruments. The plunger of each syringe is ground to exactly fit its barrel. The barrel and plunger of each syringe are numbered by the manufacturer to make reassembly easy.

To clean glass syringes, remove the plunger from the barrel and wash each part in detergent and water, then rinse. You should check each part for chips or cracks and discard any damaged syringes. Since the plunger of one syringe will not fit any other barrel, both parts of any damaged syringe should be discarded.

Needles are cleaned by forcing cold water through them, usually by means of a syringe. This rinses out particles that may be stuck to the inside wall. Oily materials may be removed with alcohol or ether. If a needle is stopped up, a slender wire called a stylet may be pushed through it to remove the clog. Needles should be carefully checked for hooks and rough surfaces. Any dull or barbed needles should be discarded.

Rubber tubing, such as catheters, tubes, and drains, should be soaked in cool water to loosen blood or mucus. Do not soak as long as overnight however, because oversoaking weakens rubber. After soaking, tubing is washed with detergent and water. Suction or force may be used to draw water through tubing to clean the inside surfaces. It is then rinsed thoroughly in clean, cool water and allowed to drain dry.

Rubber gloves are cleaned much as rubber tubing. They are washed inside and out with water and detergent. Some institutions use washing machines for cleaning rubber gloves. A low-sudsing detergent should be used in the machine.

Rubber gloves should be tested for holes during cleaning. Fill the glove with water. If a hole is present, a tiny stream of water will flow from the filled glove. Another method used to test for holes is to fill the glove with air. Then close the cuff securely and hold the distended glove to your cheek. If a hole is present, you will feel air escaping. Discard any glove with holes.

Items such as emesis basins, wash basins, sponge bowls, specimen trays, bedpans, and urinals, are usually made of metal. Enamelware and stainless steel are commonly used. Metalware is usually cleaned with detergent and water. Spots may be removed with a mild abrasive.

Most instruments are made of metal. They may be nickel-plated, steel, stainless steel, or chromium. Do not allow metal instruments to remain wet because they may rust unless made of rustproof metal.

After instruments are used, they should be opened and rinsed under cool running water to remove soil. An ultrasonic cleaner may be used to remove soil. Then you may clean them in detergent and water, using a stiff brush to be sure all dirt is removed. After rinsing, instruments should be carefully dried to prevent rusting. They should never be submerged in any corrosive solution such as acid, iodine, phenol, or soline.

Many of the items discussed are now available in disposable packs. The use of disposable supplies eliminates many cleaning chores and ensures clean, sterile supplies. Such supplies are intended for one-time use only and are discarded after use. Disposable items are used everywhere in medical facilities and are available in every catalogue of supplies. Examples of disposable items are needles, gloves, bedpans, pitchers, trays, sets, and various types of packs.

These and many more are available in presterilized, ready-to-use packages. These items are relatively costly, but the elimination of cleaning operations may counteract the initial cost. Each medical facility must determine the most efficient and economical system of supply maintenance.

Clean Supplies

Assignment Sheet #1--Completion Statements

Objective: After completing this assignment, you will be able to recall information about cleaning supplies.

Directions: Complete the following statements

1. Decontamination is a process to destroy disease ____________. ____________1
2. Contaminated materials not damaged by water and _____ many be cleaned. __________2
3. A washer-sterilizer washes equipment while it is sterilized with _______________. ___________3
4. Materials damaged by heat may be decontaminated by soaking them in a chemical _____________. ___________4
5. Other ways to decontaminate materials are by exposure to gas or __________. ___________5
6. The simplest way to clean supplies is in cool _______ to remove gross soil. ___________6
7. Ether is dangerous to use because it is highly_______________. ___________7
8. Ultrasonic cleaners remove soil by means of ____________. ___________8
9. Ultrasonic cleaners are most often used to clean supplies made of metal on _____________. ___________9
10. It is best to follow the ________ instructions for cleaning large, complex pieces of equipment. ___________10
11. The barrel and plunger of a glass syringe are ______ by the manufacturer to make it easy to reassemble them. __________11
12. Needles are cleaned by forcing _____ through them. __________12

13. The slender wire used to remove clogs from needles is a (an) ________. ____________13

14. Rubber tubing is washed with _____ and water. ____________14

15. Rubber gloves should be tested for _______ during cleaning. ____________15

16. Metalware is usually enamelware or _______. ____________16

17. Most metal instruments are nickel-plated, steel, stainless steel or _________. ____________17

18. Metal instruments should not remain wet because metal __________. ____________18

19. Disposable supplies are intended for one-time use only and are _________ after use. ____________19

20. A disadvantage of disposable items is that they are relatively ______. ____________20

CLEAN SUPPLIES

ASSIGNMENT SHEET #2--IDENTIFICATION OF CLEANERS

Objective: After completing this assignment, you will be aware of the kinds of cleaners.

Directions: Listed below are different kinds of cleaners. Write the name of the cleaner described in each statement in the blanks.

detergent and water

cool water

ether

mild abrasive

ultrasonic cleaner

washer-sterilizer

chemical disinfectant

suction

1. To loosen blood or mucus before cleaning ________________1.
2. To draw water through and clean inside surfaces ________________2.
3. To remove oil ________________3.
4. To remove soil by means of sound waves ________________4.
5. To decontaminate materials that are damaged by heat ________________5.
6. To clean decontaminated rubber, glass, or metal ________________6.
7. To remove stains from metalware ________________7.
8. To decontaminate materials not damaged by water and heat ________________8.

CLEAN SUPPLIES

JOB SHEET #1--WASH RUBBER GLOVES

Objective: After completing this exercise, you will be able to wash rubber gloves.

I. Tools and Equipment:

   A. Sink with stopper

   B. Detergent

   C. Rubber gloves

   D. Talc or glove lubricant

II. Procedure

   A. Fill sink with water

   B. Measure and add detergent

   C. Place rubber gloves in detergent solution and wash

   D. Turn gloves inside out to wash both sides

   E. Drain detergent solution, and refill sink with water

   F. Rinse both sides of gloves

   G. Repeat rinse two more times, using fresh water each time

   H. Test gloves for holes

      1. Fill each glove with water

      2. Hold cuff to keep water in glove

      3. Look for streams of water from glove

   I. Drain sink

   J. Dry gloves with towel or hang on rack

   K. Turn gloves to dry both sides

   L. Place talc or glove lubricant in gloves to prevent sticking

PREPARE TREATMENT TRAYS

INFORMATION SHEET

A treatment tray is a collection of the items needed for a given procedure. The tools are placed on a tray. The pieces of equipment used depend on the choice of the hospital or office and on the preference of the doctor. Each tray should contain all the tools needed for the treatment named. Extra tools should not be included. They clutter the working area and add extra work in preparation and cleaning.

Many treatment trays are factory packaged in sterile packs. Disposable items are often used. Each medical facility decides whether to use commercially prepared equipment or whether to prepare their own. Expense and convenience must be considered. Usually some ready-packed tools are used and some are prepared at work.

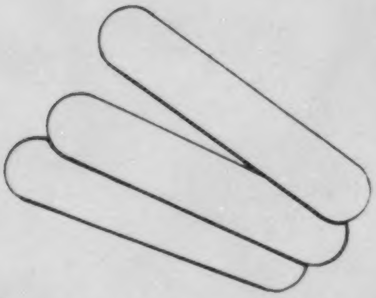
Treatment trays may be assembled and then sterilized. Thus, all the equipment is sterile and the tray with wrapper provides a sterile field. Total sterility is not needed for all types of trays. Some have both sterile and nonsterile items. For example, on a dressing tray the gauze squares, hemostat, suture scissors and forceps should be sterile. Bandage scissors and tape will be clean but need not be sterile.

The procedure for wrapping tools for autoclaving is described in the lesson Prepare Dressing Packs.

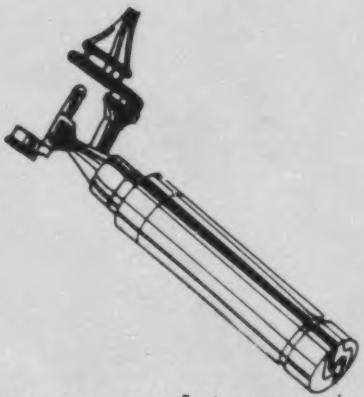
When preparing a nonsterile tray, a clean towel is used to line the tray. Then clean but not sterile tools are placed on the tray in the order in which they are to be used.

The following examples of treatment trays show some items commonly used.

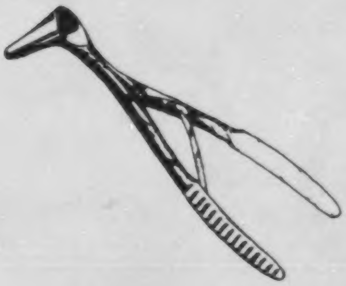
General Physical Examination Tray



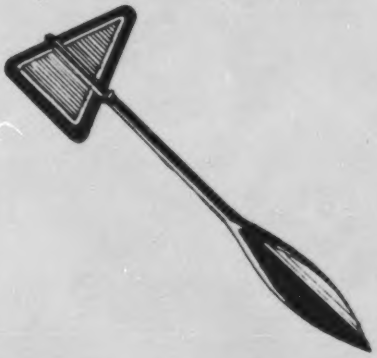
Tongue depressor--used to hold the tongue out of the way to make it easy to see the throat



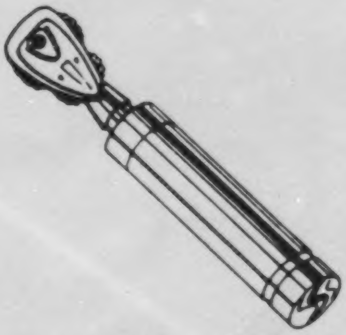
Otoscope--used to examine the ear



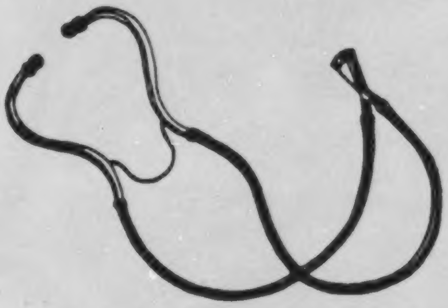
Nasal speculum--used in examination of nostrils



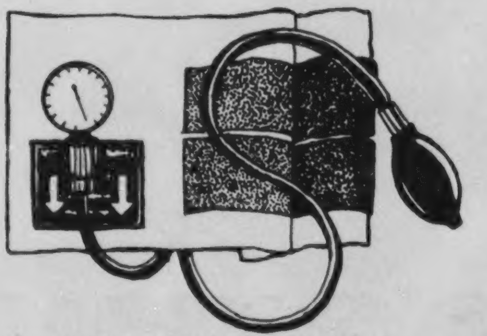
Percussion hammer--hammer with a rubber head, used to test reflexes



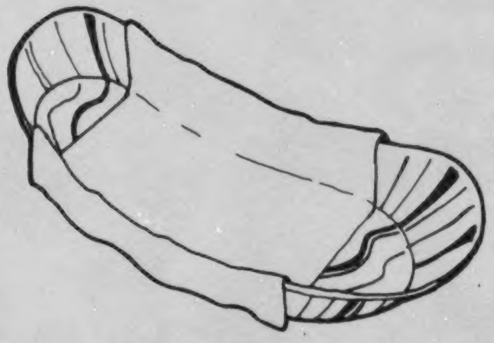
Ophthalmoscope--used to examine the inside of the eye



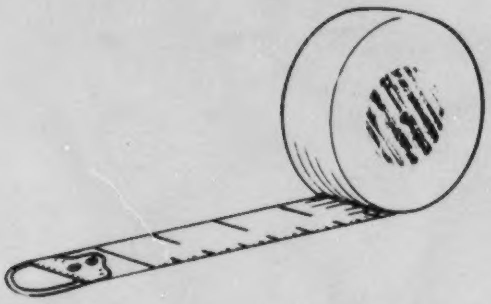
Stethoscope--used for listening to sounds produced in the body, such as breath sounds, heart beat, or abdominal sounds



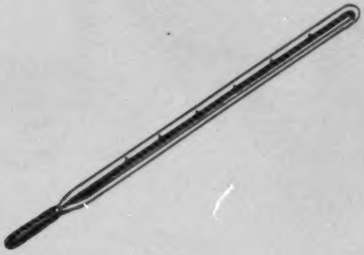
Sphygmomanometer--used to determine blood pressure



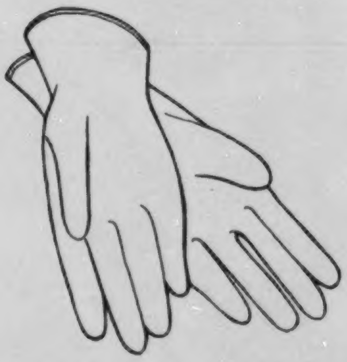
Emesis basin--(kidney basin) pan for waste



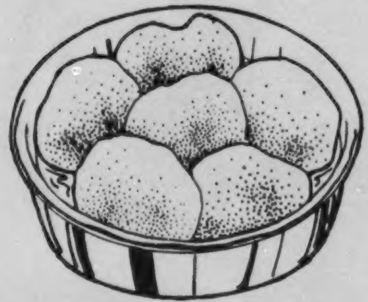
Tape measure--used to measure sizes such as chest, head, or infant length



Thermometer--use oral for adults, rectal for infants

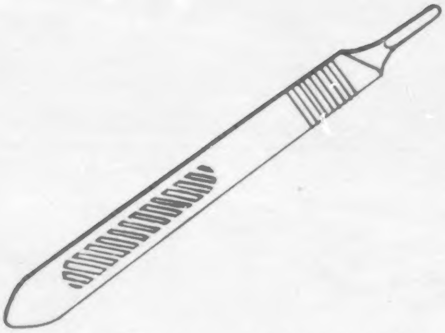


Gloves--may be sterile, nonsterile, or disposable

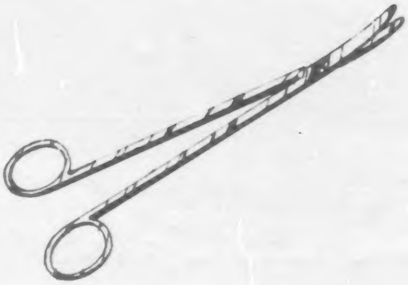


Cotton balls in antiseptic solution

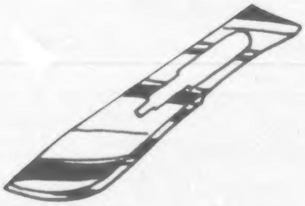
Suture Tray



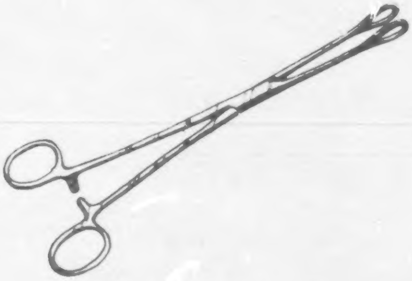
Knife handle--holds blade



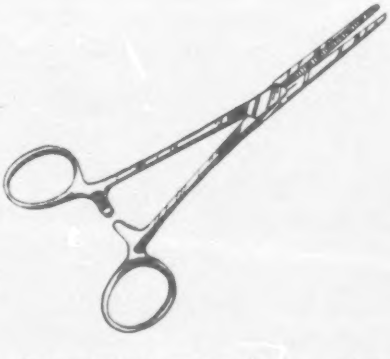
Curved scissors--(Metzenbaum)



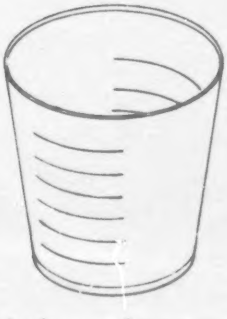
Knife blade--used for incisions



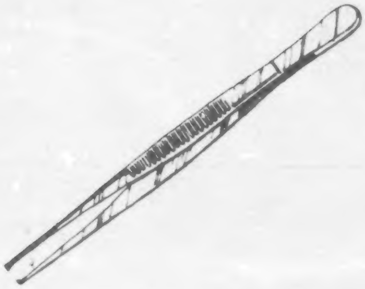
Sponge forceps--pincers for grasping and holding sponges



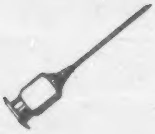
Hemostat--used to stop blood flow



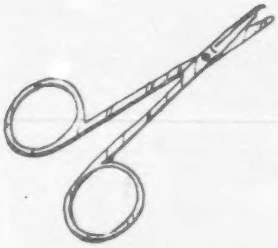
Medicine glass--small graduated glass



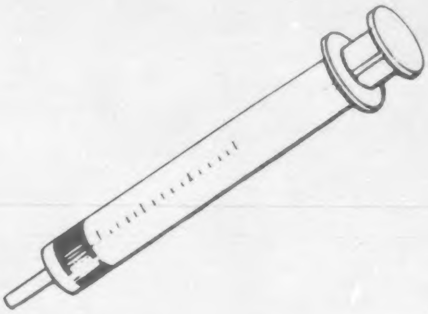
Tissue forceps



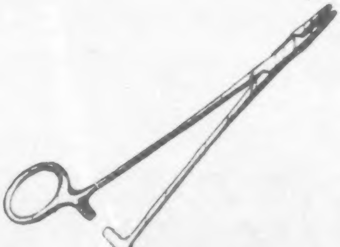
Hypodermic needle--needle used to puncture skin for injection



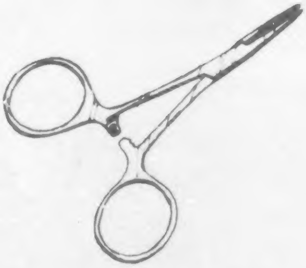
Suture scissors



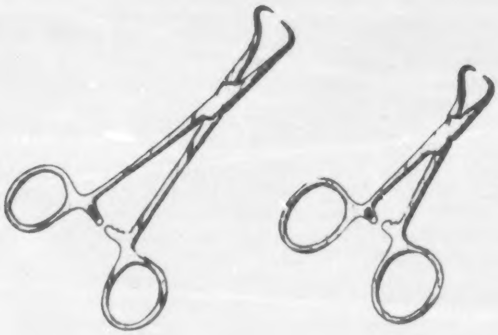
Syringe--two-part instrument for injecting fluids



Needle holder



Mosquito forceps



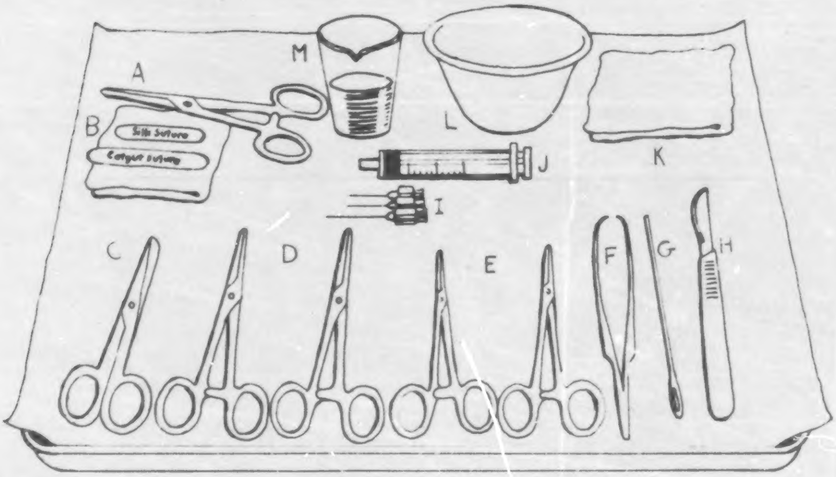
Towel clips--used to hold towels in place

Towels

Gauze squares

Drape sheet

Tray Setup for Minor Surgery


M
A
L
B
Silk Suture
Catgut suture
J
K
I
C
D
E
F
G
H

a. needle holder

b. sutures

c. scissors

d. hemostat

e. mosquito hemostats

f. forceps

g. probe

h. knife handle and blade

i. hypodermic needles

j. syringe

k. sponge

l. receptacle

m. medicine glass

Items included on a dressing tray:

- Bandage scissors
- Adhesive tape
- Sterile equipment:
    - Hemostat
    - Gauze
    - Antiseptic
    - Solution poured in sterile medicine glass
    - Applicators--for painting skin with antiseptic
    - Tissue forceps
    - Suture scissors
    - Sterile gloves
    - Sterile forceps

Items included on a rectal tray:

- Rubber glove
- Lubricant
- Sigmoidoscope or
- Proctoscope
- Cotton tipped applicators
- Cotton balls
- Waste receptacle
- Clean towel
- Tray

Items included on a tray for ear, nose and throat examination:

- Otoscope
- Ear speculum
- Cotton-tipped applicators
- Head mirror
- Ear syringe
- Ophthalmoscope
- Nasal speculum
- Laryngeal mirror
- Microscope slides
- Forceps
- Emesis basin
- Towel and tray

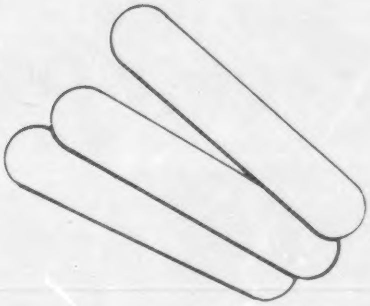
These are examples of articles used for various kinds of trays. Any group of items collected for a specific purpose is a tray, and the variety is endless. You will need to know the names and uses of the most common equipment now. On the job you will then quickly learn the particular needs of that medical facility.

PREPARE TREATMENT TRAYS

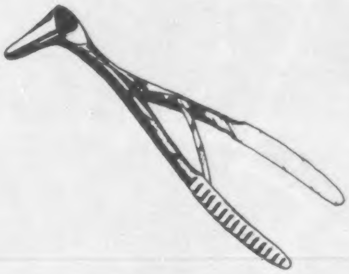
ASSIGNMENT SHEET #1--IDENTIFICATION OF EQUIPMENT

Objective: After completion of this exercise, you will be able to identify equipment frequently included in treatment trays.

Directions: Place the name of the equipment in the blank beneath each item.



a. ____________________



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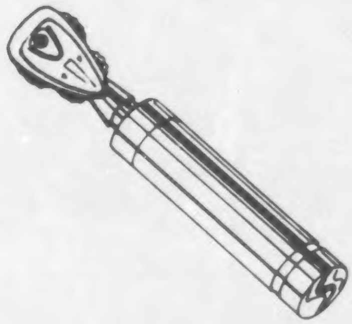
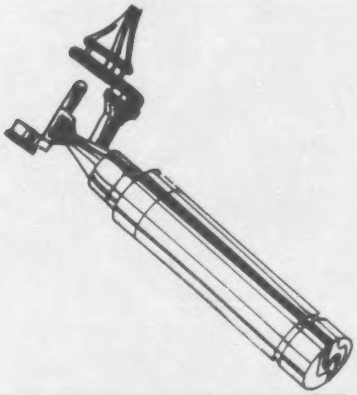
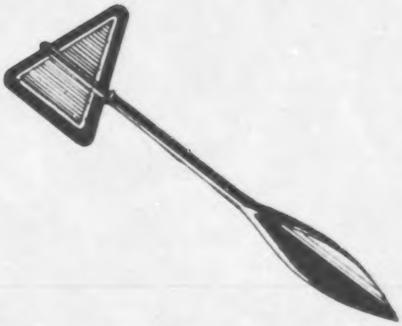


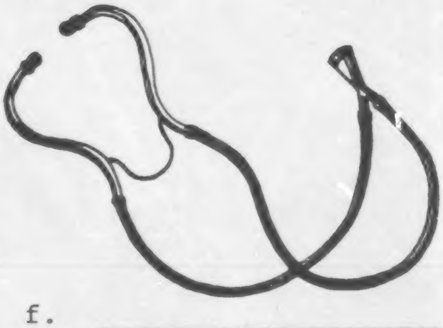
c. ____________________



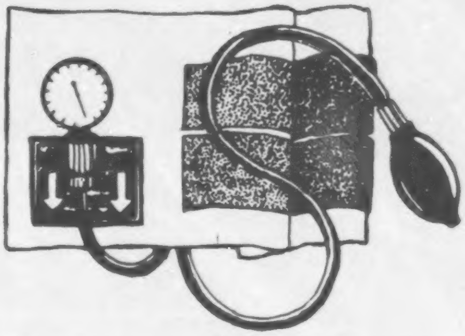
d. ____________________



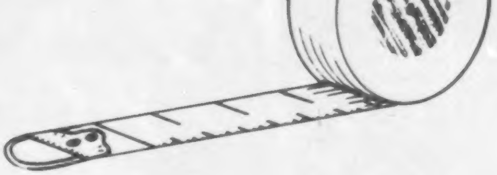
e. ____________________



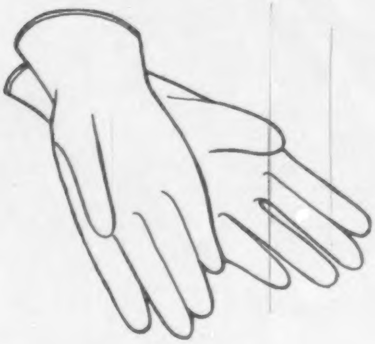
f. ____________________



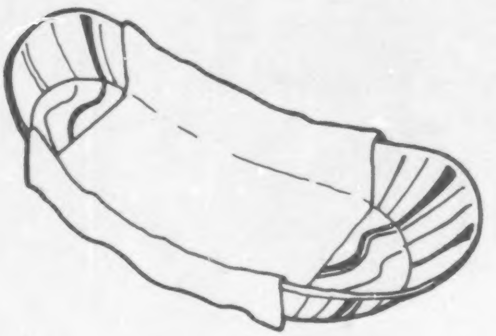
g. ____________________



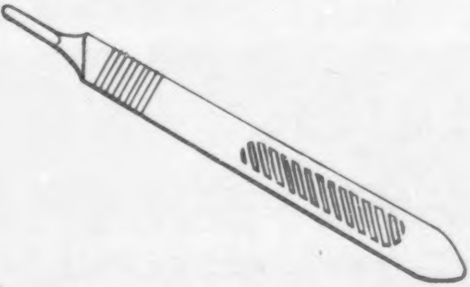
h. ____________________



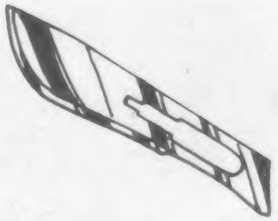
i. ____________________



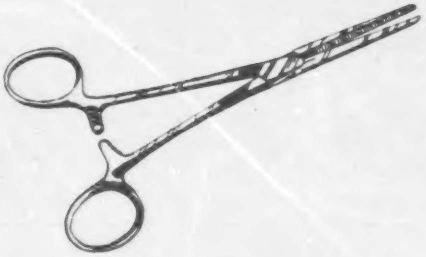
j. ____________________



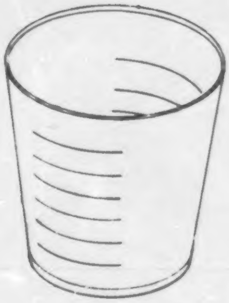
k. ____________________



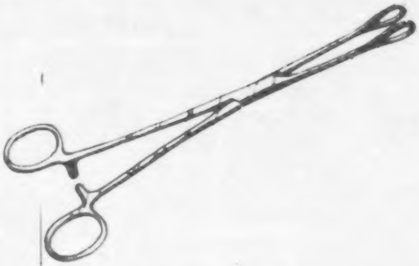
l. ____________________



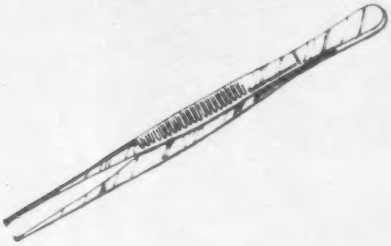
m. ______________________



n. ______________________



o. ______________________



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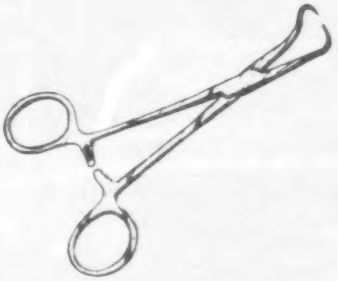

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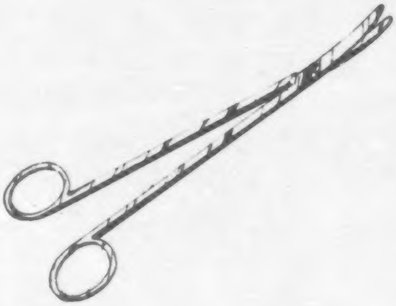

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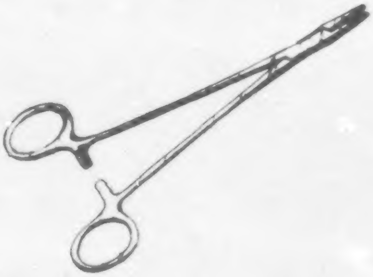

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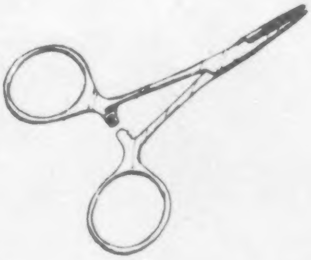

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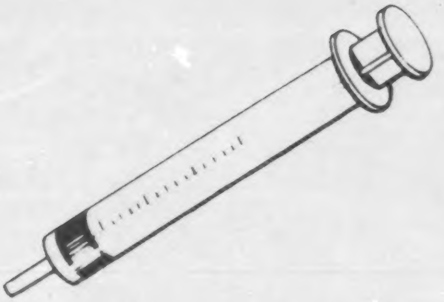

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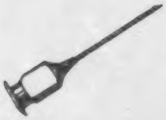

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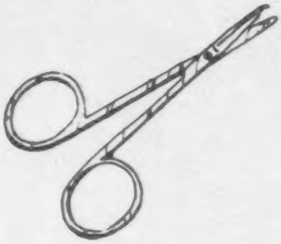

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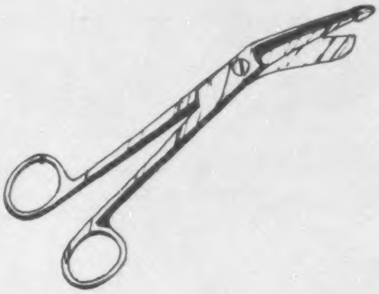

x. ____________________

PREPARE TREATMENT TRAYS

ASSIGNMENT SHEET #2--USES OF EQUIPMENT

Objective: After completion of this exercise, you will be able to recall the names of tools from a description of their use.

Directions: Place the name of the equipment described in the blank space provided.

a. Hammer with a rubber head used to test reflexes. ____________________ a.

b. Instrument used to examine the inside of the eye. ____________________ b.

c. Kidney shaped pan for waste. ____________________ c.

d. Instrument used for listening to sounds produced in the body, such as breath sounds, heart beat, or abdominal sounds. ____________________ d.

e. Instrument used to stop blood flow. ____________________ e.

f. Pincers used to grasp and hold sponges. ____________________ f.

g. Instrument used for incisions. ____________________ g.

h. Instrument used to hold tongue out of the way to make it easy to see the throat. ____________________ h.

i. Instrument used to detemine blood pressure. ____________________ i.

j. Instrument used to examine the ear. ____________________ j.

ISSUE AND STORE SUPPLIES

INFORMATION SHEET

Supplies are usually stored in quantity in storage rooms or Central Supply. Smaller amounts are issued to each department as needed. Many medical facilities now use large quantities of disposable products. Although this decreases the amount of work in cleaning and assembling equipment, it increases bulk storage needs.

As supplies are received, they should be removed from packing cartons and stored in designated places. Storage places should be cool, clean, and dry. Packing cartons and cases should not be left on the floor. The oldest stock on hand should be used first. New stock should be stored at the back, or on bottom shelves.

In order to maintain adequate quantities of supplies, you will need an inventory. An inventory is a list of supplies and the amount of each item. An accurate inventory is needed when ordering supplies. It is also useful as a guide in locating supplies in storage. The inventory also is used in planning the budget. The business department usually actually purchases supplies, but it is guided by lists of needed items prepared in each department. An accurate and up-to-date inventory makes it easy to pinpoint supply needs.

There are many ways to maintain an inventory of supplies. Inventory cards are commonly used. The cards usually include the following information: number received, description, unit supply, catalogue number, location, number on hand, and date. These are usually filed under broad areas, such as "sponges" or "needles." The following page shows an example of an inventory card.

Another type of inventory system is a monthly inventory sheet. Such an inventory is useful for expendable supplies in small offices. An example of a monthly inventory follows. In this example, supplies are listed alphabetically. This also provides a record of amounts added, used, and on hand at the end of the month. A quick look tells what supplies have been used, what is needed, and where supplies may be obtained.

The purpose of issuing supplies is to move them from storage to the place where they are to be used. The method for issuing supplies varies with the need and choice of each facility or department. In some places, storeroom personnel check the inventory of each department at regular intervals and add the supplies needed. At others, a messenger from the department goes to the storeroom or Central Supply and gets supplies. The person who goes to storage to get the supplies will need a list in duplicate of the items needed. Each item dispensed is checked by the storeroom clerk. The messenger signs both copies indicating that the listed supplies have been received. The storeroom clerk keeps and files the original copy. The messenger takes the duplicate list back to the department where it is filed. The supplies are subtracted from the storeroom inventory and added to the department inventory.

An inventory of linen supplies is also needed. There are several methods in use for insuring a dependable supply of linens. Larger medical facilities usually do their own laundry. Soiled linens are sent to the laundry, washed, and returned to the various departments.

Some places use disposable linens. These are used once only and then discarded. Other places use linens supplied by a commercial linen supply service. The company owns and maintains the linens. The medical facility orders linens as needed and the supply service delivers the clean linens and picks up used linens for cleaning and maintenance.

In storing linens, it is most efficient to store only as much as is needed in each department. Large quantities of extra linens require much storage space. Place the linens in the designated areas of storage shelves.

Do not unfold, shake out, or allow linens to touch the floor.

EXAMPLES OF INVENTORY CARDS

St. Catherine's Hospital
1600 Grand Avenue
Fenton, Texas 67432

Sponges							
Number received	Description	Unit Supply	Catalogue number	Location	Number on hand	Total number	Date
3 cases	3"x3" gauze sponges	1000/case	132.B.T.	Shelf 21-a	2 cases (2000)	5 cases (5000)	9/15/79
5 cases	2"x2" gauze sponges	1000/case	167.CA	Shelf 21-b	1 case (1000)	6 cases (6000)	9/15/79
1 case	Peanut sponges	5000/case	173.B.T.	Shelf 21-c	4 cases (20,000)	5 cases (25,000)	9/27/79

St. Catherine's Hospital
1600 Grand Avenue
Fenton, Texas 67432

Syringes							
Number received	Description	Unit Supply	Catalogue number	Location	Number on hand	Total number	Date
5 boxes	5 ml. glass syringes, plain tip	1 dozen/box	1627	Shelf 35-C	2 boxes (2 dozen)	7 boxes (7 dozen)	10/2/79
10 boxes	2 ml. glass syringes, metal tip	1 dozen/box	1732	Shelf 35-A	2 boxes (2 dozen)	12 boxes (12 dozen)	10/2/79

MONTHLY INVENTORY--EXPENDABLE ITEMS

Date: July, 1979

Description	Unit supply	Company and catalogue #	Storage location	Number on 7/1/79	Number used July	Number added July	Total 8/1/79
Bandage rolls 1 inch 28 - 24 mesh	24/box	W.K. Smith 478	Shelf A-12	1 box (24)	1 box (24)	2 boxes (48)	2 boxes (48)
Tissues facial boxes of 200	144 boxes/ case	Scott Eagan Co. 20067	Shelf P-1	2 cases (288)	72 boxes	0	1½ cases 216 boxes
Urine specimen bottles disposable	50/case	McKesson Knight Co. 0103 QS	Shelf U-2	4 cases (200)	150	2 cases (100)	3 cases 150 boxes

ISSUE AND STORE SUPPLIES

ASSIGNMENT SHEET #1--COMPLETION STATEMENTS

OBJECTIVE: After completing this exercise, you will be able to recall information about issuing and storing supplies.

DIRECTIONS: Complete the following statements.

1. Supplies are usually stored in quantity in storage rooms or ___. ________1.
2. The use of disposable products increases ___ ___ needs. ________2.
3. The use of disposable products decreases work in ___ and assembling equipment. ________3.
4. Storage places should be cool, clean and ___. ________4.
5. Packing cartons and cases should not be left on the ___. ________5.
6. New stock should be stored at the back or on ___ shelves. ________6.
7. An inventory lists supplies and also gives the ___ of each item. ________7.
8. An accurate inventory is needed to show needs when ordering ___. ________8.
9. The inventory is useful as a guide in ___ supplies in storage. ________9.
10. The inventory is used in planning the ___. ________10.
11. Inventory cards usually iclude the following information: name of item, description, unit supply, catalogue number, location, 11 and 12 . ________11.

________12.

13. A monthly inventory sheet is useful for listing ___ supplies in small offices. __________13.

14. A monthly inventory tells what supplies have been used, what is needed, and ___. __________14.

15. The purpose of issuing supplies is to move them from storage to the place where they are ___. __________15.

16. When supplies are issued from storage they are _16_ from the storeroom inventory and _17_ to the department inventory. __________16.

__________17.

18. Three methods of linen supply are; laundry in the medical facility, linens supplied by a commercial linen supply service and the use of ___ linens. __________18.

19. Large quantities of extra linens in a department require much ___. __________19.

20. Do not allow linens to touch the floor, nor shake or ___ them. __________20.

ISSUE AND STORE SUPPLIES

ASSIGNMENT SHEET #2--FILL OUT AN INVENTORY CARD

OBJECTIVE: After completing this assignment you will be able to complete a sample inventory card.

DIRECTIONS: Fill out an inventory card for each of the following items. Use the example given in the information sheet as a guide, and the current date.

1. 2 cases rubber gloves, size 6½, 144 pair to a case, catalogue number 13212. 1 case is on shelf number 15-G.
2. 3 cases of 4"x4" gauze sponges, catalogue number 13675, 2,000 sponges to a case. 18 cases are on shelf number 2-B.
3. 5 boxes 10 ml. glass syringes, catalogue number 1627, 1 dozen to a box. 2 boxes are on shelf number 37-S.

ST. CATHERINE'S HOSPITAL
1600 Grand Avenue
Fenton, Texas 67432

Gloves

Number received	Description	Unit supply	Catalogue number	Location	Number on hand	Total number	Date

St. Catherine's Hospital
1600 Grand Avenue
Fenton, Texas 67432

Sponges

Number received	Description	Unit supply	Catalogue number	Location	Number on hand	Total number	Date

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St. Catherine's Hospital
1600 Grand Avenue
Fenton, Texas 67432

Syringes

Number received	Description	Unit supply	Catalogue number	Location	Number on hand	Total number	Date

Progress Chart
for
NURSE AIDE, CENTRAL SUPPLY

D.O.T. #355.674-014

1=Introduced to task and has begun training

2=Completed training and can perform task

General Responsibilities	1	2
Prepare dressing packs		
Sterilize packs, trays, and other supplies		
Clean supplies		
Prepare treatment trays		

This student has accomplished the indicated training under my supervision.

Student

Instructor

ADDITIONAL RELATED COMPETENCIES

General Responsibilities	1	2

ADDITIONAL RELATED COMPETENCIES

General Responsibilities	1	2

This student has accomplished the indicated training under my supervision

Student ____________________

Instructor ____________________

STUDENT'S INDIVIDUALIZED
STUDY PACKET

NURSE AIDE

DELIVERY

Materials Developed and Distributed by
Occupational Curriculum Laboratory
Secondary and Higher Education
East Texas State University
Commerce, Texas

In Cooperation With
Texas Education Agency
Occupational Education and Technology
Austin, Texas

NURSE AIDE, DELIVERY

355.674-014

PREPARE PATIENT FOR DELIVERY

INFORMATION SHEET

The patient is admitted to the hospital and escorted to her room. Although the advent of a baby is an exciting, joyous event, the patient may feel apprehensive and overwhelmed by hospital procedures. The Nurse Aide must welcome the patient and make her feel confident and comfortable. A calm, quiet, competent manner will reassure the patient.

Before beginning any procedure you must identify the patient. Check the wrist band and call her by name. Explain the procedures as you prepare the patient for delivery.

Take a brief history. Ask the patient the Expected Date of Delivery (E.D.D.). It is important to know whether the baby is premature or at term. Determine the frequency and duration of contractions. Ask if there has been any bleeding. Find out the time of last food intake. The anesthesiologist needs this information. Collect a urine specimen and send it to the laboratory.

Give the patient an enema. This will prevent the expulsion of fecal material during delivery causing contamination of the area and endangering the baby. The enema is needed also because the doctor makes rectal examinations during labor. Another reason to give an enema is that it may stimulate uterine contractions.

Finally, in preparing the patient for delivery the perineal area must be shaved. This is done to make the area as free of bacteria as possible and thus minimize the chance of infection.

PREPARE PATIENT FOR DELIVERY

ASSIGNMENT SHEET #1--COMPLETION STATEMENTS

Objective: After completion of this assignment, you will be able to answer questions about preparing a patient for delivery.

Directions: Answer the following questions using short answers.

1. Name two ways to check the patient's identity.

   a. ______________________

   b. ______________________

2. List four things to ask the patient when taking a brief history.

   a. ______________________

   b. ______________________

   c. ______________________

   d. ______________________

3. List three reasons for giving the patient an enema prior to delivery.

   a. ______________________

   b. ______________________

   c. ______________________

4. Why is the perineal shaved prior to delivery?

PREPARE PATIENT FOR DELIVERY

JOB SHEET--PREPARE THE PERINEAL AREA

Objective: After completion of this exercise, you will be able to describe the procedure for perineal preparation for delivery.

(Note: The procedure will be demonstrated in the medical facility under the supervision of the training supervisor.)

I. Tools and equipment

   A. Bed protector

   B. Light

   C. Perineal prep tray

   D. Bath blanket

II. Procedure

   A. Identify patient and explain procedure

   B. Wash hands and assemble equipment

   C. Draw curtain or close door to ensure patient privacy

   D. Cover patient with bath blanket

   E. Place patient in lithotomy position with hips on bed protector

   F. Lather vulva with soap solution using gauze sponge

   G. Check area for scratches, cuts, sores, rashes, or skin breaks through which infection could occur. Notify supervisor if any are found

   H. Begin shaving at top of pubic area using short, downward strokes. Hold skin taut as you work

   I. Rinse razor as needed in water. Be sure area is kept lathered and moist.

   J. Cleanse area with clear, warm water after shaving

   K. Place patient in Sim's position to shave anal area

L. Shave around anus using short strokes

M. Rinse area with warm water and dry

N. Remove bed protector, remove bath blanket, and replace top covers

O. Be sure the patient is comfortable

P. Clean and replace equipment

Q. Wash hands

CLEAN DELIVERY ROOMS

INFORMATION SHEET

Although the procedure for cleaning the delivery room varies among hospitals, the purpose is always the same--the maintenance of scrupulous cleanliness.

Every morning before use, all furniture and light fixtures in the delivery room must be dusted with a damp cloth. This helps to maintain a dust-free environment in the delivery room. After each delivery, the floor must be mopped. The kickbuckets and laundry hamper are to be emptied and cleaned.

At the end of every day, the delivery room must be thoroughly cleaned. The walls are wiped with antiseptic solution, and the furniture and tables are dusted with a damp cloth. All castors, wheels, and table legs are scrubbed. Any foreign material, such as threads, lint, or hair that may be caught in the legs or wheels of the table, is carefully removed.

The delivery table should be taken apart, and each part, including the base, must be cleaned. After reassembling, make sure that the table works properly according to the attached directions.

CLEAN DELIVERY ROOM

ASSIGNMENT SHEET #1--FIELD TRIP TO LOCAL MEDICAL FACILITY

Objective: After completion of this exercise,you will be able to recall the procedure for cleaning and maintaining cleanliness of items in the delivery room.

Directions: Go to the medical facility assigned by the instructor. The charge nurse or attendant will discuss the following:

1. Equipment found in the delivery room,including the delivery table, light fixtures, kickbucket, stand,and laundry hamper
2. Methods for cleaning the items in the delivery room
3. Methods for maintaining cleanliness in the delivery room

After returning from the field trip, you will write a summary of the information you received about each of the three items.

CLEAN DELIVERY ROOM

ASSIGNMENT SHEET #2--HOW DELIVERY ROOM IS CLEANED

1. How is each of the following items in the delivery room cleaned each morning?

   a. furniture ______________________

   b. light fixtures ______________________

   c. floor ______________________

   d. kickbucket ______________________

   e. laundry hamper ______________________

2. At the end of the day, how are the following items cleaned?

   a. delivery room walls ______________________
   ____

   b. furniture, tables ______________________
   ____

   c. legs and wheels of table ______________________
   ____

Progress Chart
for
NURSE AIDE, DELIVERY

D.O.T. #355.674-014

1=Introduced to task and has begun training

2=Completed training and can perform task

General Responsibilities	1	2
Prepare patients for delivery		
Clean delivery room		

This student has accomplished the indicated training uncer my supervision.

Student

Instructor

ADDITIONAL RELATED COMPETENCIES

General Responsibilities	1	2

ADDITIONAL RELATED COMPETENCIES

General Responsibilities	1	2

This student has accomplished the indicated training under my supervision.

Student

Instructor

STUDENT'S INDIVIDUALIZED
STUDY PACKET

NURSE AIDE

NURSERY

Materials Developed and Distributed by
Occupational Curriculum Laboratory
Secondary and Higher Education
East Texas State University
Commerce, Texas

In Cooperation With
Texas Education Agency
Occupational Education and Technology
Austin, Texas

BATHE NEWBORN

INFORMATION SHEET

The following terms are used in the activity:

baby bath tray--a tray which usually contains the following items used to bathe a baby: soap dish and mild soap, soft bristle hairbrush, baby lotion, baby powder, jar of sterile cotton balls, jar of sterile water, small container for used cotton balls

circumcision--the surgical removal of the foreskin of the penis of a male baby

circumcision care tray--a tray which usually contains the following items used to provide circumcision care: jar of sterile petrolatum gauze, jar of sterile cotton balls, jar of sterile water, alcohol, scissors, and tweezers

fontanelles--soft spots on a newborn's head. A small fontanelle is located on top near the back of the head, and a larger one is on top near the front of the head

Sponge baths are usually given to a newborn during the first two weeks of the baby's life. Although hospital routines and doctors orders vary, a normal baby is not given a tub bath until the umbilicus or navel and/or circumcision is healed, usually by the end of the second week. Today, babies are discharged from the hospital so soon after birth that the Nurse Aide may not have an opportunity to give a tub bath.

A bath may consist of oil rubs, medicated lotion, or soap and water. These types of sponge baths may be given in the baby's crib, on the Nurse Aide's lap, or on a counter or table top. Wherever the bath is given, be sure there is plenty of room to work, that the room is warm enough (75° to 80° F.), and the baby is protected from drafts.

There are several precautions to remember in giving a bath to a baby. Since a baby's skin is very sensitive to heat and cold the skin can be easily burned by bath water that is too hot. It is important to remember to test the bath water with either a bath thermometer or your elbow. Do not test the water with your hand because the adult hand is not as sensitive to hot and cold variation as is the adult elbow. The correct temperature for a sponge bath should be about 105° F.

When cleaning a baby's eyes, nostrils, and ears, always use cotton balls and sterile water. This will lessen the possibility of injuring these delicate parts of the body. Never use cotton wrapped on a stick, (e.g., Q-tips) since even with very gentle probing, these delicate parts can be injured. Do not clean the inside of a baby's nostrils. Nasal secretions are a natural protection.

As parts of the baby's body have been washed and dried, rub the baby with powder, oil, or lotion as prescribed by the doctor. If powder is prescribed, apply the powder first to your own hand, and then gently rub it on the baby. This method prevents the baby from inhaling loose powder.

Special care should be given in lifting, turning, and holding the infant when bathing or engaging in any other activity. Be especially protective of the baby's fontanelles (soft spots) on the skull. A baby should be held with a firm, but gentle grasp, with the head and neck always supported. Avoid sudden movements; never pull on an arm, hand, or leg; and always keep the baby's mouth and nose uncovered.

Many male babies will have been circumcised before they leave the hospital. Circumcision is a minor surgical procedure to remove part or all of the foreskin of the penis. This procedure, for some a religious ritual, is done to help make cleanliness easier and thus prevent irritation to the area. Special attention should be given to the operative site. Do not put a circumcised baby on his stomach for at least the first 24 hours after surgery. Watch for bleeding, lack of urination within an eight-hour period, and possible infection. Report any of these abnormal appearances to the doctor. Always wash your hands well before changing diapers. Change diapers frequently, using a triangular-fold diaper to provide extra padding to the wound.

BATHE NEWBORN

ASSIGNMENT SHEET #1--MATCH TERMS

Objective: After completion of this assignment, you will be able to recall information about bathing a newborn baby.

Directions: Match the words or phrases on the right with the statements on the left by placing the correct letter in the blanks next to the statements.

_____ 1. Correct temperature of the water for sponge bath

_____ 2. Soft spots on baby's head

_____ 3. Precaution in lifting, turning, and holding baby

_____ 4. Types of sponge baths

_____ 5. Type of bath given to a normal four week old baby

_____ 6. One way to test the temperature of bath water for a baby

_____ 7. A baby's natural protection

_____ 8. Correct method of applying powder to a baby

_____ 9. Used to clean baby's eyes nostrils, and ears

_____10. Navel

_____11. Temperature of room for giving a baby bath

_____12. Surgical removal of foreskin on penis

_____13. Type of bath given to a normal week-old baby

A. sponge bath

B. your hand

C. nasal secretions

D. 75° to 80° F.

E. fontanelles

F. cotton balls and sterile water

G. protect baby's head

H. umbilicus

I. oil rubs, medicated lotion, soap and water

J. tub bath

K. 105° F.

L. your elbow

M. cotton-tipped sticks

N. dump powder on baby's body

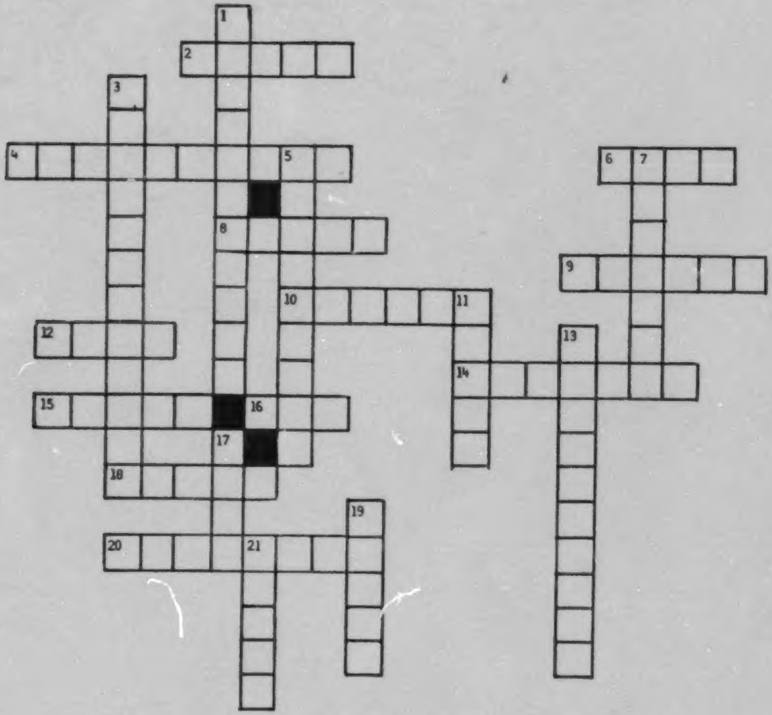
O. circumcision

P. apply powder to your hand first

BATHE NEWBORN

ASSIGNMENT SHEET #2--CROSSWORD PUZZLE

Directions: Fill in the crossword puzzle after reading the Information and Job Sheets for Bathe Newborn.



Across

2. Never cover a baby's ___ and nose.
4. Special type of guaze used to dress the wound of a circumcized baby.
6. Baby powder is applied first to the _____.
8. One way to test the temperature of the bath water for a newborn.
9. Type of bath given to a newborn during the first two weeks of life.
10. A sponge bath may consist of medicated _____.
12. Place where a sponge bath is given.
14. Cotton balls and ___water are used to clean a newborn's eyes.
15. ___ should never be used to clean a newborn's ears.
16. Type of bath given to a baby which the Nurse Aide, Nursery may not have an opportunity to give.
18. Type of hold the newborn is held in in order to wash the baby's head.

Down

1. Soft spots on baby's head.
3. Surgical procedure to remove part or all of the foreskin on the penis.
5. Navel.
7. Used to give cord care to newborns.
11. ___secretions are a natural protection.
13. Type of folded diaper used on a circumcized newborn.
17. A baby's skin is very sensitive to ___ and cold.
19. When holding a baby in the football hold, you should hold the buttocks between your waist and _____.
21. You have been learning how to ___ a newborn.

BATHE NEWBORN

JOB SHEET #1--LIFT, LAY DOWN, TURN, HOLD NEWBORN

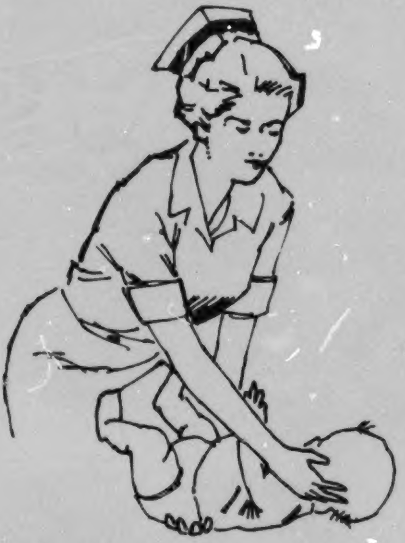
Objective: After completion of this exercise, you will be able to describe the different methods of lifting, laying down, turning, and holding a newborn when giving a sponge bath.

I. Tools and Equipment:

- A. A baby doll
- B. Flat surface

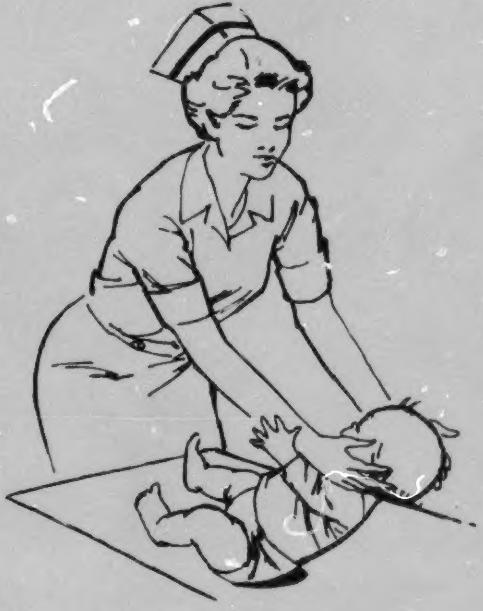
II. Procedures:

- A. Lifting Newborn
  1. Place one hand under baby's neck and head
  2. Place other hand under buttocks
  3. Raise baby's head first as you lift up



Pick-up method

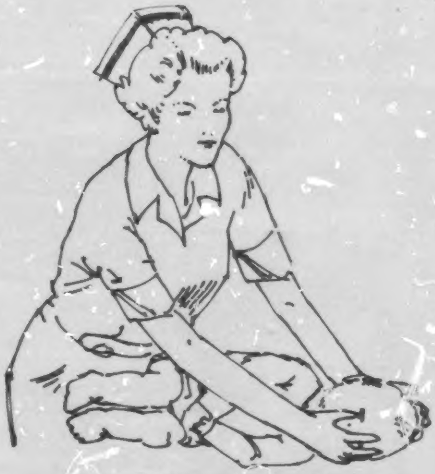
- B. Laying Down Newborn
  1. Hold baby in pick-up position
  2. Place buttocks down first
  3. Raise your hand that supported buttocks to unprotected side of head
  4. Using both your hands, lay head down gently



Lay-down method

C. Turning Newborn

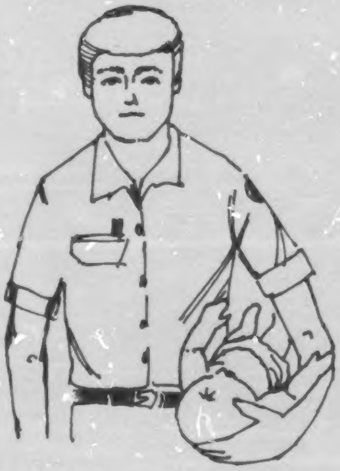
1. Cradle baby's head in palm of one of your hands
2. Work forearm of same hand under back to support spine
3. Gently hold baby's cheeks and chin with other hand
4. Roll baby on side or back



Turning method

D. Holding Newborn

1. Tuck baby under one of your arms so that head rests in your outstretched hand
2. Support baby's spine with your forearm
3. Secure baby's buttocks between your elbow and waist



Football hold

BATHE NEWBORN

JOB SHEET #2--GIVE A SPONGE BATH

Objective: After completion of this exercise, you will be able to describe the procedures for giving a sponge bath to a newborn.

I. Tools and Equipment:

   A. Bath basin or sink

   B. Washcloth

   C. Two bath towels

   D. Complete change of clothes for baby

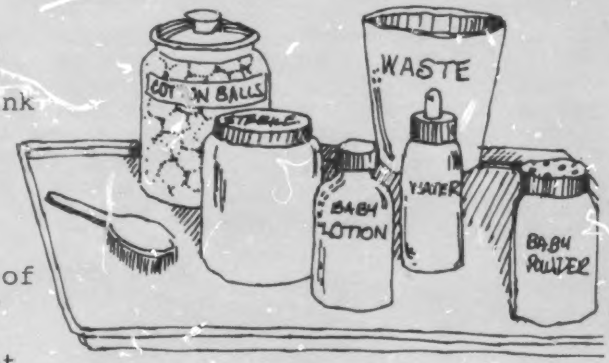
   E. Receiving blanket

   F. Baby bath tray

   G. Baby bottle of boiled drinking water and sterile nipple

   H. Container for used cotton balls

   I. A baby doll



Baby Bath Tray

II. Procedures:

   A. Check room for temperature and drafts

   B. Wash your hands and assemble equipment near bath area

   C. Spread one towel on flat surface of bath area

   D. Fill basin one-third full with hot water at 105° F and check water temperature

   E. Lay baby down on spread towel

   F. Pour sterile water over cotton ball and clean one of baby's eyes by wiping only once from corner near nose to outer corner. Using another clean cotton ball, repeat this procedure with other eye

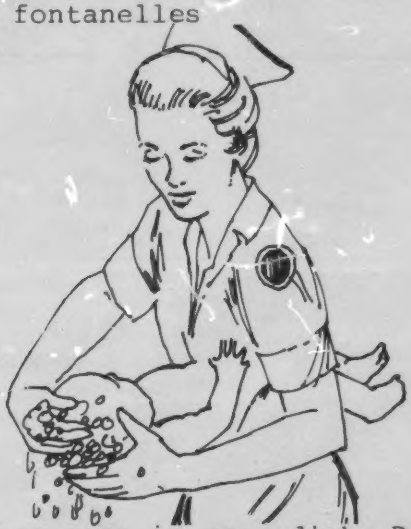
   G. Clean nose and ears with cotton balls and sterile water, using separate cotton ball for each nostril and ear

H. To wash baby's face, make mitt of washcloth,and use only clear water. Do not use soap. Pat face dry with towel

I. Give baby few sucks of boiled drinking water from baby bottle. Then squeeze baby's cheeks gently to force mouth open

J. Check baby's mouth for any white spots or other abnormalities. Any abnormal appearances should be reported to doctor

K. Hold baby in football hold with head over basin. Using your free hand, soap baby's head. Rinse it thoroughly with washcloth and pat it dry with towel. Be careful not to press on fontanelles



L. Be sure to replace soap in soap dish. Do not put it in bath water

M. Lay baby on table and undress upper part of body. Cover chest and arms with towel

N. Soap arms and chest with your hand. Rinse thoroughly with washcloth and pat dry with towel

O. Powder clean arms and chest by first applying powder to your own hand, and then rubbing it on baby

P. Turn baby on side and wash back in same manner. Replace baby on back and dress upper part of body

Q. Undress baby's legs and bottom and wash in same manner

R. Pour small amount of alcohol onto sterile cotton ball and gently dot umbilical area. This procedure is called cord care and should be done until umbilical cord falls off and umbilicus, or navel, heals

S. To clean genitals of a baby girl, pour sterile water over three cotton balls, separate folds of vulva with one hand, and with other hand wipe one side of vulva once from top toward rectum in one direction with one wet cotton ball. With second cotton ball, wipe other side of vulva once from top toward rectum. With third cotton ball, wipe center of vulva once from top toward rectum. Discard all used cotton balls. Dry thoroughly

T. To clean genitals of uncircumcised baby boy, pour sterile water over cotton ball. Pull foreskin of penis back with one hand and with other hand wipe penis and foreskin. Dry thoroughly

U. Apply lotion or powder to your hand and then rub it on baby's body

V. Finish dressing baby, wrap in receiving blanket, and return to crib

W. Clean and replace equipment

BATHE NEWBORN

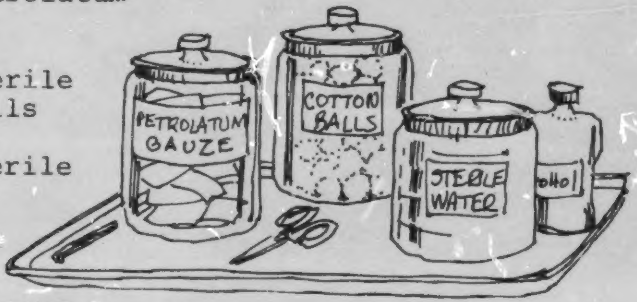
JOB SHEET #3--GIVE CIRCUMCISION CARE

Objective: After completion of this exercise, you will be able to describe the procedures for giving circumcision care to a newborn male.

I. Tools and Equipment:

A. Circumcision care tray with:

1. jar of petrolatum gauze
2. jar of sterile cotton balls
3. jar of sterile water
4. alcohol
5. small scissors
6. tweezers



Tray for Circumcision Care

B. Male doll

II. Procedures:

A. Wash your hands and remove baby's diaper

B. Check for blood spots on diaper. Although a drop or two of blood is normal, a constant show of fresh blood is not. Report this to doctor

C. Remove strip of petrolatum gauze from baby's penis. If strip is stuck to wound, soak strip with cool sterile water squeezed from sterile cotton ball

D. Sterilize scissors by wiping blades with cotton ball soaked in alcohol. Do not hold scissors near baby

E. Pick up new strip of sterile petrolatum gauze from jar with tweezers

F. Cut strip of new sterile gauze to fit around wound

G. Wrap strip with firm, gentle pressure around wound by holding strip only by its ends. Do not touch any part of gauze that will cover wound. Do not wrap tightly and do not use gauze with loose strings

H. Dress baby with triangular-fold diaper

I. Clean and replace equipment

WEIGH NEWBORN

INFORMATION SHEET

The newborn is weighed immediately after birth and every day thereafter while in the hospital. This is done to enable the doctor to determine how well the infant is adjusting to life and feedings. It also gives the doctor an opportunity to regulate the amount of milk needed by the infant. Normally, the baby is no longer weighed daily by the time of discharge, but only during regular office visits to the doctor.

It is normal for a newborn to lose weight during the first few days of life. However, the infant should regain to its birth weight between the seventh and tenth days. Healthy newborns may weigh between 6 and 8 pounds and measure between 19 and 21 inches. Although it is normal for a newborn to weigh more or less, it is usually not normal for a baby to weigh less than 5 1/2 pounds. Such newborns are called premature babies. The more premature the baby is, or the less the baby weighs, the greater the chances are that infections, respiratory problems, or other difficulties might endanger the baby's life.

Today there are several different types of infant or baby scales. Scales may be marked in grams, kilograms, or pounds and ounces. However, the weight is usually recorded on the baby's chart in pounds and ounces. The following chart will help you to compute an infant's weight into pounds and ounces.

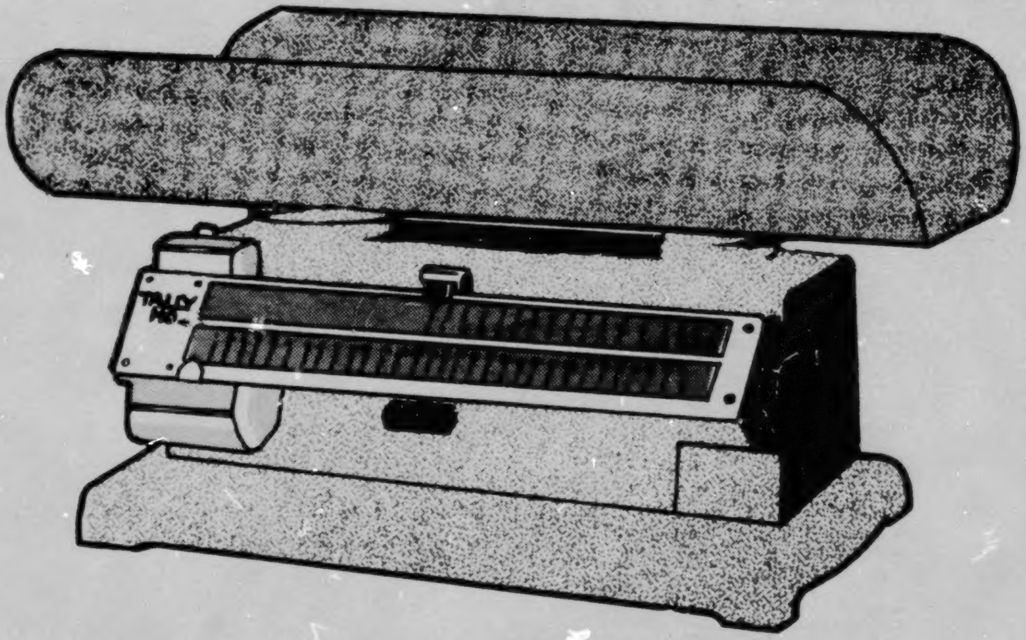
1 kilogram (kg.) = 2.2 pounds (lb.)
1 lb. = 16 ounces (oz.)
1/2 lb. = 8oz.
1/4 lb. = 4 oz.
1/4 of 4 oz. = 1 oz.
30 grams (gm.) = 1 oz.

Always balance the scales with a diaper, pad, or scales protector in it. These materials in the scales will help to avoid contamination of the scales or the baby and chilling the undressed baby. Rebalancing the scales is done so that the added weight to the scales is not added to the baby's weight.

The newborn is usually weighed naked each morning before the bath. An infant may, however, be weighed with clothing, but the clothes must be weighed separately from the baby, and then the clothing weight subtracted from the total weight of the dressed baby. This procedure will allow an accurate reading of the baby's true weight.

When weighing an infant, stand directly in front of the scale to read the indicator. If you stand at an angle, you may incorrectly read the markings.

BABY SCALES



WEIGH NEWBORN

ASSIGNMENT SHEET #1--MULTIPLE CHOICE

Objective: After completion of this assignment, you will be able to recall information about weighing a newborn.

Directions: Circle the letter which corresponds to the words or phrases which correctly completes the statements.

1. The newborn is weighed every day while in the hospital to determine :

   A. if the baby is alive

   B. the amount of milk needed by the baby

   C. how well the baby is adjusting to life

   D. B and C above

   E. A and C above

2. A healthy newborn usually regains lost weight between the:

   A. sixth and ninth day of life

   B. fifteenth and twentieth day of life

   C. seventh and tenth day of life

   D. the newborn never regains lost weight

3. A baby that weighs less than 5 1/2 pounds is called a:

   A. postmature baby

   B. premature baby

   C. sick baby

   D. immature baby

4. Infant or baby scales may be marked in:
    - A. pounds and ounces
    - B. grams
    - C. A and B above
    - D. kilograms
    - E. A, B, and D above
5. Always balance baby scales with a:
    - A. diaper in it
    - B. baby in it
    - C. nothing in it
    - D. A and B above
    - E. none of the above
6. The average length for a healthy newborn is:
    - A. 16 to 19 inches
    - B. 18 inches
    - C. 20 to 24 inches
    - D. 19 to 21 inches

WEIGH NEWBORN

ASSIGNMENT SHEET #2--CONVERSION PROBLEMS

Objective: After completion of this assignment, you will be able to convert a baby's weight from grams and kilograms into pounds and ounces.

Directions: Using the following chart, convert the problems below into pounds and ounces.

1 kilogram (kg.) = 2.2 pounds (lb.)
1 pound = 16 ounces (oz.)
1/2 lb. = 8 oz.
1/4 lb. = 4 oz.
1/4 of 4 oz. = 1 oz.
30 grams (gm.) = 1 oz.

1. 3000 gm. = ______ lb. ______ oz.

2. 4560 gm. = ______ lb. ______ oz.

3. 24.2 gm. = ______ lb.

4. 18.15 gm. = ______ lb. ______ oz.

WEIGH NEWBORN

JOB SHEET--WEIGH NEWBORN

Objective: After completion of this exercise, you will be able to describe the procedure for weighing a newborn baby.

I. Tools and Equipment:

- A. Infant or baby scales
- B. Diaper or scales protector
- C. A baby doll

II. Procedure:

- A. Check room for temperature and drafts
- B. Wash your hands
- C. Place diaper or scales protector on tray of scales
- D. Balance scales to "0" or with the pointer centered, depending on type of scales
- E. Undress baby and place baby in scales on diaper so that baby is facing you
- F. Hold baby's hands in your hand to keep baby from moving scales
- G. Stand directly in front of scales to read weight indication
- H. Read weight indicated by red line or move leveling weights for pounds and ounces along the numbered lines until pointer is again centered, depending on type of scales
- I. Read pound indicator first, then ounce indicator
- J. Record weight on baby's chart in pounds and ounces
- K. Proceed with baby's bath, or dress baby and return to crib
- L. Clean and replace equipment

DRESS NEWBORN

INFORMATION SHEET

While in the nursery, a newborn is dressed in comfortable, loose sleeping clothes that do not bind when the baby moves. The type of clothing used varies among hospitals. Some hospitals dress the babies in long nightgowns that tie in the back and others use short shirts that pull over the head. Most hospitals use disposable diapers with adhesive tapes for fasteners, yet some still use the traditional cotton diapers and safety pins. Sometimes you will find the girls dressed in pink and boys in blue, or in other color variations to distinguish the sexes. All babies are usually wrapped in small receiving blankets of lightweight flannel or cotton.

Whatever the type of clothing that is used in the hospital, there are some general rules to follow in dressing the newborn. A closed garment, such as a shirt that does not open down the front or back, is usually put on feet first. This is done by lifting the baby by the ankles to work the shirt over the buttocks to the chest.

Sometimes you may have to put the closed garment over the baby's head. If so, be sure to protect the baby's face with your hand. Be especially careful that the shirt does not touch baby's face. Instead, stretch the neck of the shirt with your fingers widespread and frame the baby's face. (Fig.1)

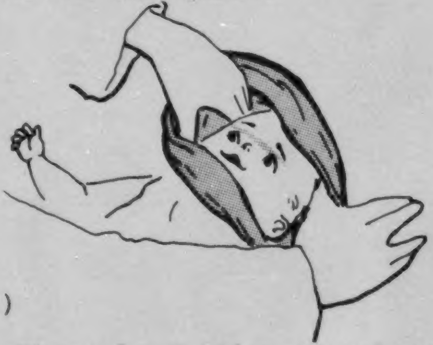


Figure 1. Putting on a closed

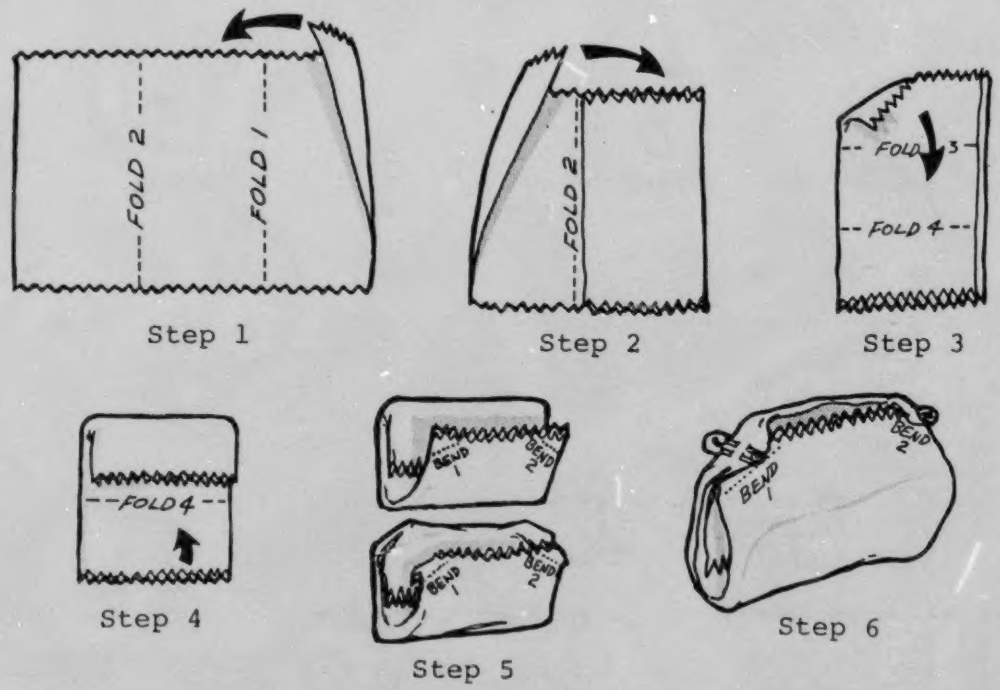
When putting a baby's hand through the sleeve of a garment, always protect the baby's fingers by placing your hand over the baby's hand. Slip your fingers through the lower part of the sleeve, hold the baby's entire hand, and pull it through the sleeve. This will prevent the baby's fingers from catching on the sleeve material and possible injury.

Another general rule that should always be followed is to avoid pinning the shirt or other garments to the baby's diaper. Pinning restricts the baby's movements and soon tears the shirt. You may cuff the bottom of a short shirt at the waist of the diaper or let it hang loosely over the diaper.

The task which the Nurse Aide, Nursery, will probably do more frequently than any other task will be to change the newborn's diaper. The diaper should be changed (if it is wet) before the baby is fed and whenever the baby cries. Care should be taken in noting the frequency and appearance of the newborn's stools when changing the diaper.

During the first days of life, the stools are dark green and tarry-looking. These stools are called meconium which is a waste product formed in the baby's intestines during the latter months of prenatal development. When the newborn is fed, the stools change to a more normal appearance. Breast-fed babies eliminate bright yellow, smooth, pasty stools, while bottle-fed babies eliminate a darker, firmer stool. The stools smell like soured milk. Disturbances in stools such as blood, mucus, foul odor, curds, frothing, constipation, or diarrhea should be reported at once to the doctor. The first urine is clear and then becomes straw-colored as fluid intake increases. The newborn usually voids during or immediately after delivery and 24 hours after delivery. By the third or fourth day of life, the newborn voids from 12 to 18 times daily.

If you have an opportunity to use cotton diapers and safety pins, you will need to know how to fold a diaper, place it on the baby, and pin it. Fold a diaper in thirds and then fold one end to the middle (Fig. 2). The diaper



Step 1

Step 2

Step 3

Step 4

Step 5

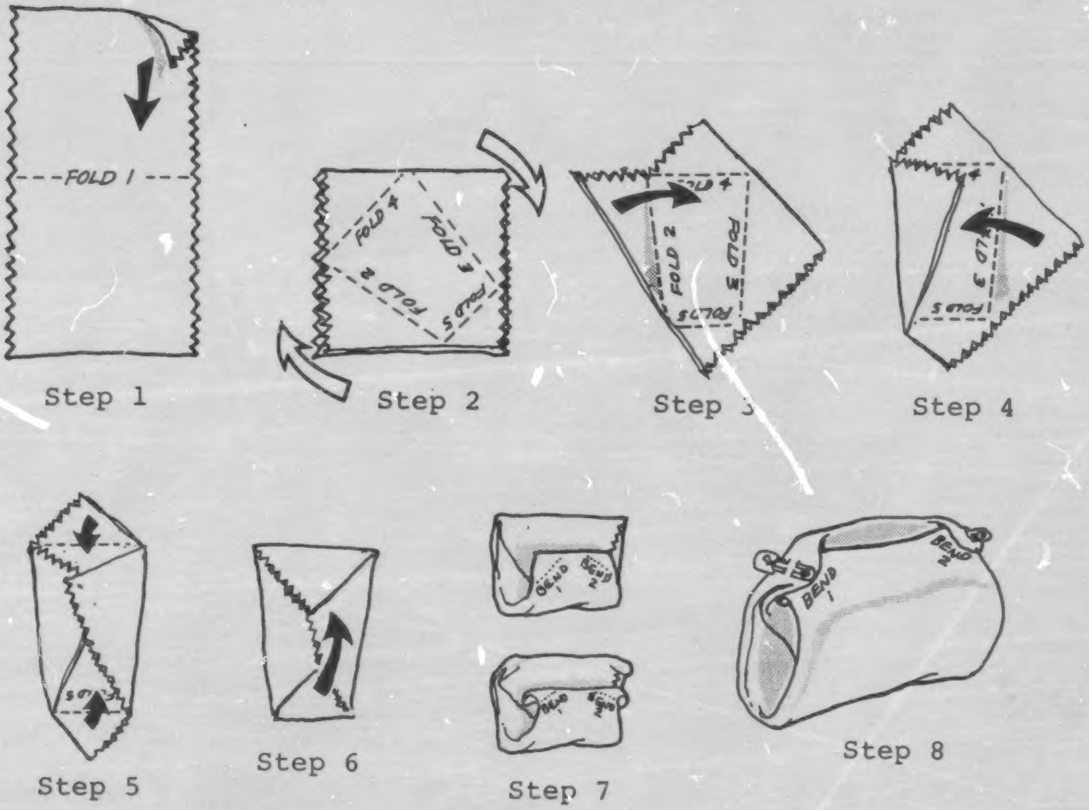
Step 6

Figure 2. Steps in a Standard-fold diaper

can be adjusted to fit the size of the baby by making the folds larger or smaller. On baby girls, place the diaper with the thicker part under the buttocks because the urine of girls runs to the back. On baby boys, place the diaper with the thicker part to the front of the body since urine of boys runs to the front.

Always pin the diaper by placing the pins perpendicular to the baby's back. Following this rule will help prevent the baby from being stuck by an accidentally opened pin.

If a baby has been circumcised, fold the diaper in the triangular-fold method. Fold the diaper in half, and fold two of the opposite corners to the middle of the diaper so that they overlap and the bottom corner is smaller than the top corner. Now fold the top corner to make a triangle of the diaper, and then fold the bottom tip of the triangle (Fig. 3). This will provide extra protection for the healing penis.



Step 1 Step 2 Step 3 Step 4

Step 5 Step 6 Step 7 Step 8

Figure 3. Steps in a Triangular-fold diaper

DRESS NEWBORN

ASSIGNMENT SHEET #1--TRUE-FALSE STATEMENTS

Objective: After completion of this assignment, you will be able to answer questions about dressing a newborn baby.

Directions: Place a "T" or an "F" in the front of each statement that is either true or false.

________1. A newborn is dressed in comfortable, loose sleeping clothes.

________2. Disposable diapers are never used in hospitals.

________3. Girl babies are always dressed in pink and boy babies in blue.

________4. The Nurse Aide, Nursery, will probably change a newborn's diaper more than any other task.

________5. A receiving blanket is a large wool, knitted blanket.

________6. A closed garment is usually put on feet first.

________7. Sometimes newborns in the nursery are dressed in long night gowns that tie in the back.

________8. When putting the baby's hand through a sleeve, hold one of the baby's fingers and gently pull the arm through the sleeve.

________9. A circumcised baby should wear a diaper that is folded in a triangular-fold method.

_______10. Never let a shirt hang loose over a diaper.

_______11. All babies are usually wrapped in receiving blankets.

_______12. The Nurse Aide, Nursery, does not need to be concerned with the frequency and appearance of the newborn's stools when changing the diaper.

_______13. On a boy baby, a folded diaper is placed on his body with the thicker part under the buttocks.

________14. The heads of diaper pins should always be pointing toward the baby's back.

________15. Newborns are dressed in the same type of clothing in all hospitals.

________16. A closed garment is one that does not open in the front, but ties in the back.

________17. Always pin diapers by placing the pins perpendicular toward the baby's body.

________18. When putting a shirt on over the baby's head, you should stretch your fingers to frame the face.

________19. Pin short shirts to a baby's diaper to keep the baby warm and the hands from getting tangled in the shirt.

________20. Most hospitals today use disposable diapers with adhesive tapes.

________21. To put a shirt on over the baby's head, stretch the neck of the shirt with your fingers widespread and frame the baby's face.

________22. On a girl baby, a folded diaper is placed on her body with the thicker part under the buttocks.

________23. Meconium is a waste product formed in the baby's intestines during the latter months of prenatal development.

________24. A healthy newborn that is four days old probably voids between 6 and 10 times daily.

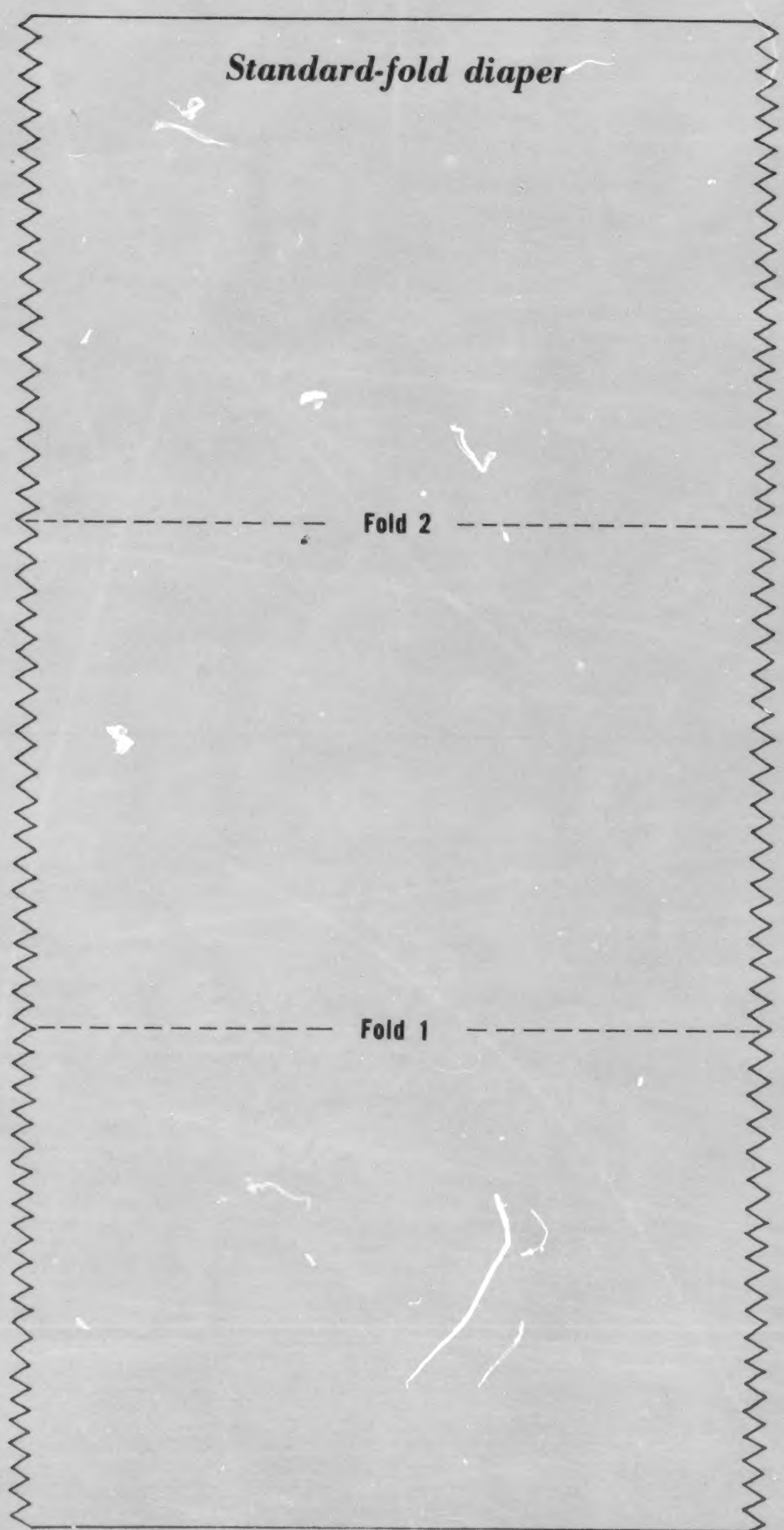
DRESS NEWBORN

ASSIGNMENT SHEET #2--FOLD DIAPERS

Objective: After completion of this assignment, you will be able to fold a diaper in the standard method and the triangular-fold method.

Directions: With scissors, cut out the diagrams of diapers on the following pages. Fold the diapers in the order of the numbered steps on the broken (-----) lines. Bend the diapers on the dotted (......) lines.

Standard-fold diaper


Fold 2
Fold 1

Bend 1

Bend 2

Fold 4

Bend 4

Bend 3

Fold 3

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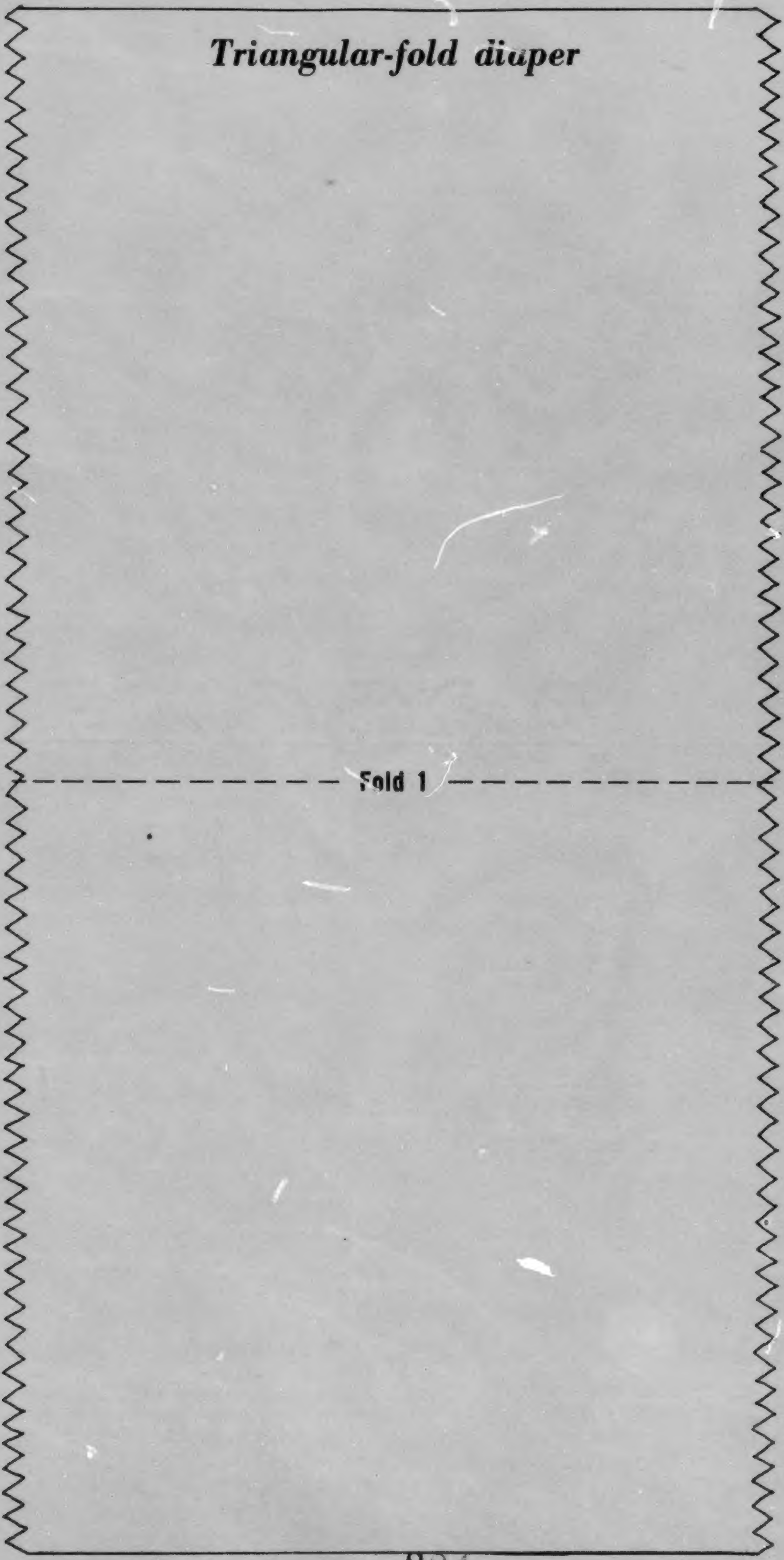
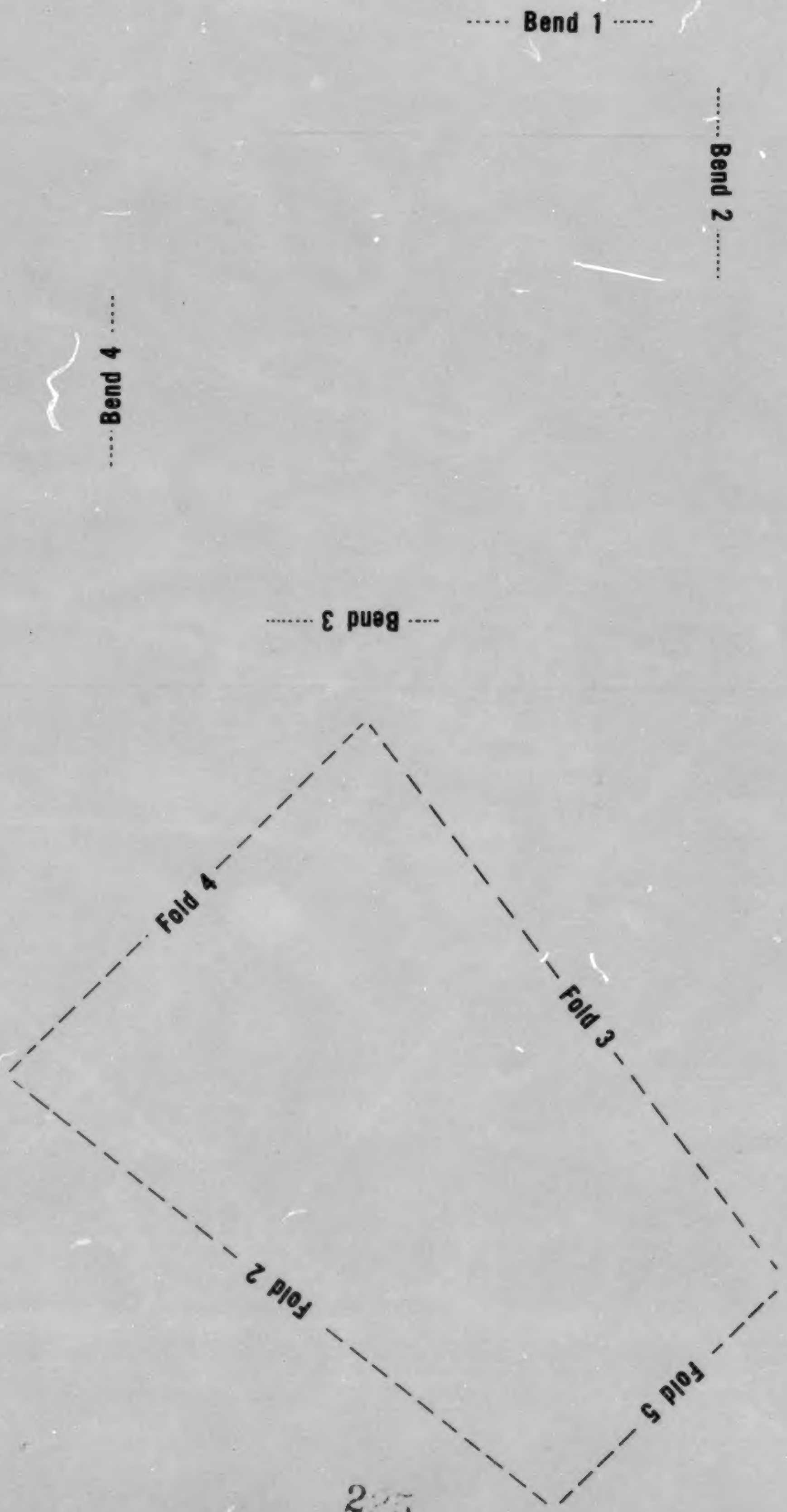
Triangular-fold diaper




Bend 1
Bend 2
Bend 4
Bend 3
Fold 4
Fold 3
Fold 2
Fold 5

DRESS NEWBORN

JOB SHEET #1--DIAPER A NEWBORN

Objective: After completion of this exercise, you will be able to diaper a newborn with a disposable diaper.

I. Tools and Equipment:

   A. Table or flat changing area

   B. Disposable diaper

   C. Baby bath tray

   D. Waste container

   E. A baby doll

II. Procedures:

   A. Wash your hands and assemble equipment

   B. Carry newborn to changing area. Be sure to never leave baby alone on unprotected changing area

   C. On soiled diaper, pull tapes away from you so that diaper separates from baby's body

   D. Lift baby by ankles and remove soiled diaper from underneath baby

   E. Wrap soiled diaper into ball and discard in waste container

   F. Wash baby's genitals and buttocks with sterile water and cotton balls (See Bathing Newborn for further instructions)

   G. Observe amount, color, and consistancy of any bowel movement. Note any rash or redness

   H. Pat skin with fresh cotton balls until dry and discard in waste container

   I. As directed, apply powder, lotion, or ointment to your hand and then to diaper area

   J. Unfold fresh diaper. Grasp two taped ends on back of diaper and fan out, being careful not to tear center pleats

K. Lift baby by ankles and place fanned end of diaper underneath baby's buttocks

L. Fold front end of diaper up over baby's genitals and between legs. Fan out front ends

M. Peel loose edge of tape from its paper backing

N. Lap back end over front end so that diaper fits snugly around baby's waist

O. Fold in corner ends of diaper and smooth tape onto front end. Be careful not to touch baby's skin with tape

P. Repeat procedure for other side of diaper

Q. Return baby to crib or bassinet

R. On baby's record, record any bowel movement or abnormal observances. Also, report abnormalities to doctor

S. Clean and replace equipment

DRESS NEWBORN

JOB SHEET #2--DRESS A NEWBORN

Objective: After completion of this exercise, you will be able to dress a newborn in a long night gown and wrap in a receiving blanket.

I. Tools and Equipment:

  A. Table or flat changing area

  B. Long night gown that ties in the back

  C. Diaper

  D. Receiving blanket

  E. A baby doll

II. Procedure:

  A. Wash your hands and assemble equipment. (This step may have previously been done if you are proceeding from bathing to dressing)

  B. Lay newborn on back at changing area

  C. Diaper baby

  D. Place your hand inside lower part of one sleeve of night gown and gather other sleeve

  E. With your hand still inside sleeve, pick up baby's hand, covering baby's fingers, and gently pull baby's hand through sleeve

  F. Repeat procedure for other sleeve

  G. Turn baby on side and pull garment around to baby's back

  H. Straddle baby with both arms and tie ribbons

  I. Pick up baby and pull down night gown around legs. Hold baby in football hold

  J. With free hand, spread receiving blanket into diamond shape on changing area

K. Lay baby in center of receiving blanket with head about 4 inches from top corner. Do not let blanket cover baby's face

L. Fold bottom corner of blanket onto baby's feet and legs

M. Wrap side corners over baby's body and arms

N. Return baby to crib or bassinet

FEED NEWBORN

INFORMATION SHEET

Terms to know

Bubbling	the procedure of helping a baby to release bubbles of air which are trapped in the baby's stomach, by patting or rubbing the baby's back
Colic	gas pains in the baby's stomach caused by swallowing air
Colostrum	a thin, watery secretion rich in protein which is first produced in a mother's breasts 2 or 3 days after delivery
Formula	a synthetic milk mixture or substitute fed to newborns
Rooting reflex	an involuntary reflex that enables a baby to search for and find something to suck on
Sucking reflex	an involuntary reflex that enables a baby to draw fluid into the mouth

Feeding the newborn is one of the most enjoyable tasks of the Nurse Aide who works in the nursery. Although most babies will be fed by their mothers during the day, there will be opportunities for you to feed the newborn when it is inconvenient for the mother.

Today, milk is still the best food for babies as it provides most of the nutritional requirements for them during the first months of life. Milk is comprised of sugar, protein, minerals, vitamins, and water. Although general consensus persists that human milk is better for the newborn than synthetic formula, science has not proven that it is nutritionally better for the baby. However, breast-feeding has several advantages over bottle-feeding, such as it is inexpensive, easier, simpler, and a more satisfying emotional experience for both the mother and the baby.

Regardless of the mother's intentions to breast-feed her baby, the first few feedings are from the bottle. Usually the newborn is given nothing by mouth (NPO) for the first 8 hours after birth. Then, during the next 12 hours, the baby is fed plain water or sugar water every 4 hours. This is done to make sure the baby can suck and swallow without any difficulty.

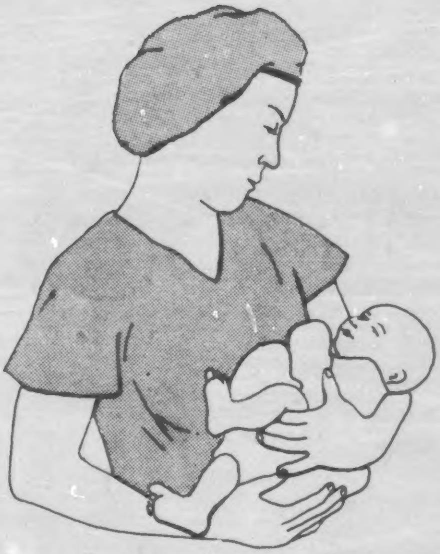
While in the nursery, healthy newborns are fed every 4 hours at 6 a.m., 10 a.m., 2 p.m., 6 p.m., 10 p.m., and 2 a.m. If the baby is to be bottle-fed, individualized, sterile, disposable bottles of pre-measured formula will be prescribed. These bottles will usually be kept on the tray below the baby's basinet and fed to the baby at room temperature.

A newborn's appetite varies during the first 3 to 5 days of life. Although some babies seem to be ravenous, more often they seem to be slow and uninterested in food. Over a 20- or 30-minute period, they suck off and on and may consume as little as half an ounce. Frequently, they may fall asleep. This behavior should not cause alarm since babies are born with enough extra fluid to supply their nourishment needs for the first few days.

The newborn's lack of appetite is also nature's convenient arrangement for the mother who plans to breast-feed her baby. At first, a thin, watery secretion rich in protein, called colostrum, is produced in scant quantitites in the mother's breasts. Not until the third or fourth day after delivery does real milk appear. Therefore, it is important for the Nurse Aide to be able to reassure the mother who is worried about her baby's poor appetite or her lack of milk.

The Nurse Aide will need to know how to recognize when a baby is hungry. A hungry baby cries loudly and roots. Rooting is an involuntary reflex action, as is the sucking reflex, that enables a baby to search for and find something to suck on. When a baby's cheek is touched by a finger, the baby's head will turn, search for the finger, and attempt to suck on it. However, when a baby cries, it does not always mean that the baby is hungry. Other causes for crying, such as a wet diaper, opened safety pins, chilly or hot skin, air in the stomach, an uncomfortable lying position, or a need to be cuddled and held, should be explored before feeding the baby.

At the scheduled feeding times, the Nurse Aide will carry the newborn to the mother. Before doing this, change the baby's diaper and wrap the baby in a receiving blanket. Carry the newborn to the mother with the baby's head cradled in your elbow with your elbow extended from your body. This will protect the baby's head from possible injury when you are walking to the mother's room. With the baby's head in your elbow, wrap your forearm around the infant's body and grasp the outer leg. With your other hand, support the baby's back and buttocks. This hold is called the traditional cradle hold.

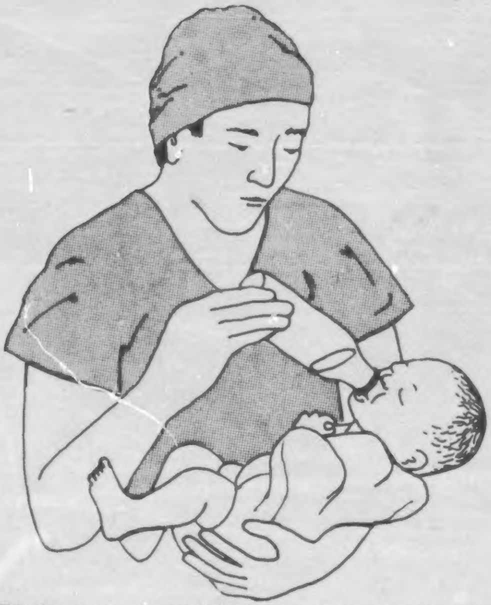


Traditional Cradle Hold

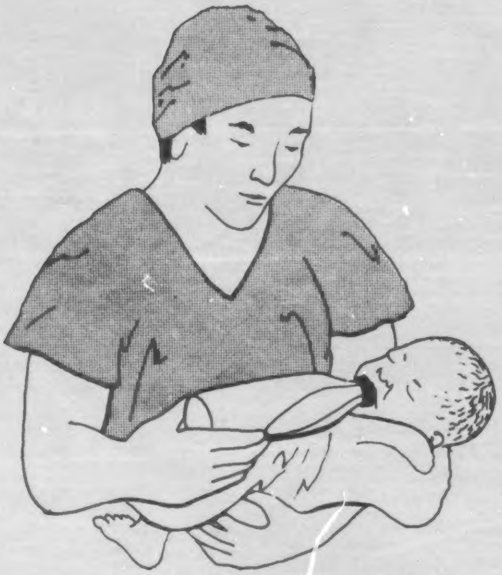
Before giving the newborn to the mother, make sure the mother has washed her hands with soap and water; and if she is breast-feeding, make sure that she has properly cleaned her breasts. Have the mother check the identification of her baby and make certain that she is in a comfortable sitting position, either in bed or in a chair.

If the mother is breast-feeding her newborn, she will begin with 3 to 4 minutes nursing at each breast. This time is gradually increased to approximately 10 minutes at each breast by the third day. A mother nursing her baby is a very intimate time for both of them; therefore, this time should belong only to the mother and her baby. However, it is important to periodically check with the mother to find out if she is having any feeding problems.

When bottle-feeding and breast-feeding a newborn, elevate and tilt baby's head slightly toward you. Tip the bottle so that milk is in the neck and nipple of the bottle at all times. This will help prevent the baby from swallowing air, which could cause gas pains or colic, the baby taking less milk, or spitting up milk. Never prop up a bottle with the baby lying down as this could cause the baby to gag and to be deprived of the mother's physical contact, warmth, and cuddle.



Right way to hold baby and bottle



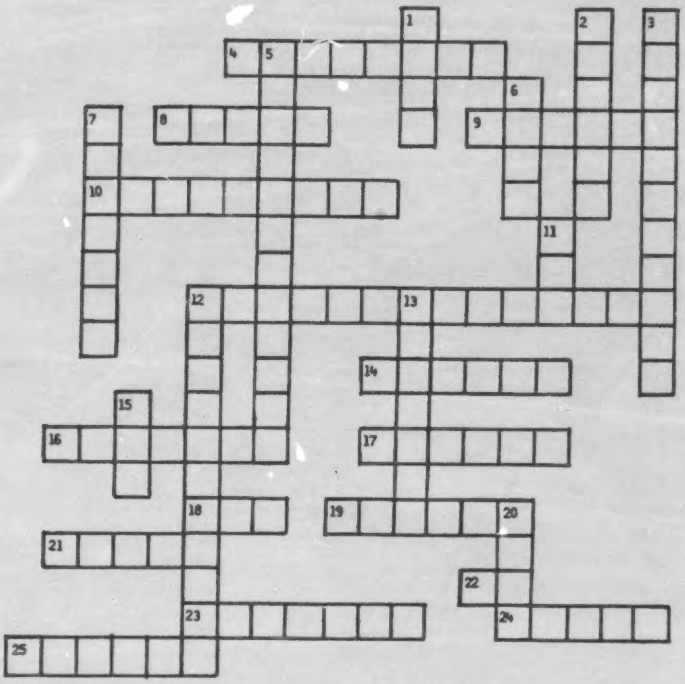
Wrong way to hold baby and bottle

All babies tend to swallow some air while feeding. To prevent discomfort which the air can cause in the baby's stomach, the bubble of air must be brought up. This procedure is called bubbling or burping the baby. There are several ways to bubble a baby. One way is to hold the baby in an upright position against your chest and shoulder and gently pat or rub the baby's back to bring up swallowed air. Bubbling usually takes about 5 minutes. Some babies will spit up 1 or 2 teaspoons of milk; if a baby happens to spit up a much larger quantity, the doctor should be notified.

FEED NEWBORN

ASSIGNMENT SHEET #1--CROSSWORD PUZZLE

Directions: Fill in the crossword puzzle after reading the Information and Job Sheets related to Feed Newborn.



Across

4. Procedure for helping baby release air trapped in stomach.
8. Gas pains caused by swallowed air.
9. Person to notify if newborn spits up more than 2 teaspoons of milk.
10. Secretion first produced in breasts.
12. Before the mother feeds the newborn, she should check the baby's ________.
14. Type of feeding that is a more satisfying experience for mother and baby.
16. To carry a baby, ______the head in your elbow.
17. Propping a bottle will deprive baby of this.
18. Abbreviation for "Nothing by mouth."
19. Before and after feeding, you should change the baby's ___________.
21. Number of hours after birth baby is fed.
22. Is it all right to prop a bottle to feed baby?
23. Reflex that enables baby to search for and find something to suck on.
24. Allow baby to nurse ____ minutes at each breast for first three or four days.
25. Crying and rooting usually mean a baby is _____________.

Down

1. During the first few months of life, babies are fed ________.
2. The very first feedings for a newborn are from the ________.
3. The kind of requirements that milk provides.
5. At first, newborns seem _____ in food.
6. Healthy newborns are fed every __________ hours.
7. Reflex that enables newborn to draw fluid into the mouth.
11. To burp a baby, you should do this to the baby's back.
13. Synthetic milk mixture or substitute fed to newborns.
15. Colic is this kind of pain.
20. When hungry, the baby will ___________.

FEED NEWBORN

JOB SHEET #1--BREAST FEED A NEWBORN

Objective: After completion of this exercise, you will be able to describe the procedure for assisting a mother to breast-feed her newborn.

I. Tools and Equipment:

   A. Sterile cotton balls

   B. Boiled water

   C. Small towel

   D. Baby doll wrapped in receiving blanket

   E. Person to role-play as mother

   F. Table or flat changing area

II. Procedures:

   A. Wash hands

   B. Using traditional cradle hold, carry newborn wrapped in receiving blanket to changing area, change baby's diaper, and rewrap in receiving blanket

   C. Carry newborn using traditional cradle hold to mother's hospital room

   D. Have mother cleanse her breasts with cotton balls and boiled water, and check baby's identification bracelet with her identification bracelet for the same number or name

   E. Have mother sit in comfortable position in either chair or bed

   F. Have mother hold baby in one arm with head elevated and tilted slightly toward her baby

   G. Have mother touch baby's cheek with nipple. Baby will root until nipple is secure in baby's mouth

   H. Have mother hold breast away from baby's face so as not to suffocate baby

I. On first day, allow baby to nurse for 3 or 4 minutes at each breast, gradually increasing by third day to approximately 10 minutes on each breast

J. After nursing, instruct mother to remove nipple from baby's mouth by gently pushing in on baby's cheeks. This will release suction in baby's mouth

K. Have mother place towel over her shoulder and hold baby in upright position against her chest and shoulder, and gently pat or rub baby's back to release any air bubbles in stomach

L. Return baby to nursery, and if needed, change baby's diaper

M. Place baby in crib on side or stomach so that any milk spit up will drain freely from baby's mouth

N. Wash your hands

FEED NEWBORN

JOB SHEET #2--BOTTLE FEED A NEWBORN

Objective: After completion of this exercise, you will be able to bottle-feed a newborn with a disposable bottle.

I. Tools and Equipment:

- A. Disposable bottle with pre-measured formula
- B. Comfortable chair
- C. Table or flat changing area
- D. Two small towels or cloth napkins
- E. Two diapers
- F. Baby doll wrapped in receiving blanket

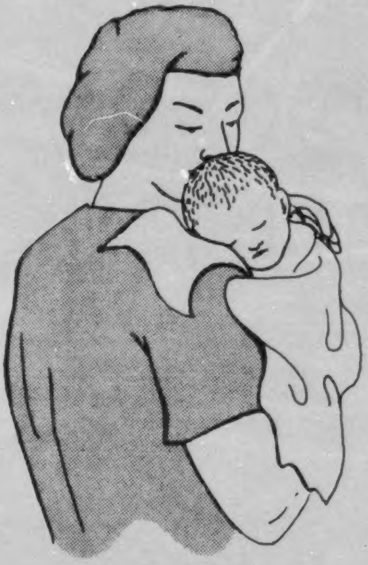
II. Procedures:

- A. Wash hands
- B. Using traditional cradle hold, carry newborn wrapped in receiving blanket to changing area
- C. Change baby's diaper and rewrap in receiving blanket
- D. Gather bottle and two small towels, and carry these and baby to comfortable chair. Sit down
- E. Place one towel over your shoulder for protection while bubbling baby, and other towel under baby's chin to use as a bib
- F. Remove shield covering nipple. Unscrew nipple and cap and remove seal across neck of bottle, being careful not to touch nipple with your fingers. Rescrew nipple and cap onto bottle
- G. Gently shake a few drops of formula on your hand to make sure formula flows from nipple
- H. Hold baby in one arm with head elevated and tilted slightly toward your body

I. Turn bottle downward at an angle, so that nipple touches baby's mouth. Baby will root until nipple is secure in its mouth

J. If needed, adjust rate of flow by tightening or loosening cap. How quickly baby is taking formula is determined by speed at which bubbles rise inside bottle.

K. When baby has eaten half of formula, remove bottle from baby's mouth and bubble, by holding baby in upright position against your chest and shoulder and gently pat or rub baby's back. Allow 5 minutes for this.



L. Feed last half of formula and bubble baby again

M. If baby falls asleep during feeding, gently tap soles of its feet and push nipple in and out of mouth

N. After feeding, change baby's diaper if necessary

O. Return baby to crib, placing baby on side or stomach so that any formula spit up will drain freely from baby's mouth

P. Dispose of bottle, left-over formula, and dirty towels

Q. Wash your hands

Progress Chart
for
NURSE AIDE, NURSERY

D.O.T. #355.674-014

1=Introduced to task and has begun training

2=Completed training and can perform task

General Responsibilities	1	2
Bathe newborn		
Weigh newborn		
Dress newborn		
Feed newborn		

This student has accomplished the indicated training under my supervision.

Student

Instructor

ADDITIONAL RELATED COMPETENCIES

General Responsibilities	1	2

ADDITIONAL RELATED COMPETENCIES

General Responsibilities	1	2

This student has accomplished the indicated training under my supervision.

Student

Instructor

NURSE AIDE, SURGERY

The general responsibilities for the Nurse Aide, Surgery, all of which are included in other related titles, may be found as follows:

- Clean, sterilize, and assemble into packs, supplies, and instruments--Nurse Aide, Central Supply
- Maintain cleanliness of operating rooms--Nurse Aide, Delivery

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1. "The Secretary and the Telephone"

2. "Tips for Succeeding in Business by Telephone"
3. "Telephone Personality Tips"
4. "How to Succeed in Business by Telephone"
5. "How to Make Friends by Telephone"
6. "The Hunter's Guide"
7. "Teletraining"
8. "Research and Development in the Bell System"
9. "Alexander Graham Bell"
10. "How the Telephone Works"
11. "The Telephone in America"

Miscellaneous*

1. Film catalogue from Southwestern Bell Film Library
2. Southwestern Bell Booklet Catalogue
3. Business Equipment Packet
4. Charts for Teletraining for Business Studies
5. Flashcards--"Speaking Over Barriers"

*Contact your nearest representative of Southwestern Bell Telephone Company

NURSE AIDE, MEDICAL

ANSWERS TO ASSIGNMENT SHEETS

Answer Signal Lights and Bells to Determine Patient Needs

#1--Completion Statements

1. responding
2. sound
3. nurses' station
4. emergency
5. speak clearly

#2--Field Trip to Nursing Station of Local Hospital
Description is evaluated to the satisfaction of the instructor.

Bathe a Patient

#1--Questions to Answer

1. bed bath

   partial bath

   tub bath

   shower bath

   therapeutic bath

   sitz bath

2. clean the patient

   promote circulation

   provide relaxation

   provide passive exercise

3. the patient's physical, mental, and emotional state

4. mouth
   eyes
   face
   hands
   underarms
   genitalia
   back
5. alcohol
   medication added to water

Assist the Patient To Dress or Undress

#1--Questions to Answer

1. weakness
   pain
   patient may be in a cast
   paralysis
   lack of maturation (infants and small children)
   brain impairment
   special appliances or equipment used
   absence of a portion of a limb
   lack of vision
   emotional dependence
2. the affected side

Serve and Remove Patient Trays

#1--Role-Play Serving a Tray to a Patient

Students should listen attentively to the patient's complaint. He/she should courteously attempt to please the patient. The student must report the complaint to the supervisor.

#2--Completion Statements

1. arm band
2. N.P.O.
3. supervisor
4. food cart
5. independent

Feed a Helpless Patient

#1--Identification of Facts to Remember When Feeding a Patient

A. Patient should be encouraged to do as much for self as possible

C. Use a straw

D. Don't rush patient

E. Check temperature of food and drink

I. Assistant's attitude should be friendly and pleasant

Transport Patient Using Wheelchair or Assist Patient to Walk

#1--Completion Statements

1. stooping
2. back strain
3. heavy objects
4. rolling
5. exercise

Drape Patient for Examination and Treatments

#1--Identification of Patient Positions

A. dorsal recumbent

B. prone

C. horizontal recumbent

D. knee-chest

E. Sim's

F. Fowler's

G. lithotomy

#2--Identification of Items of Basic Equipment for Physical Examination

1. flashlight
2. paper towel
3. antiseptic solution
4. cotton balls
5. tongue depressors
6. ophthalmoscope
7. emesis basin
8. tissue
9. otoscope
10. nasal speculum
11. tape measure
12. lubricant
13. percussion hammer
14. gloves
15. blood pressure cuff
16. stethoscope

Dust and Clean Patients' Rooms

#1--Questions About Dusting and Cleaning Patients' Rooms

1. housekeeping department

   maintenance department

2. while it is occupied

   immediately after a patient is discharged

3. the ill have lowered resistance to disease

   some patients may have a contagious disease

4.
   a. bed
   b. bedside stand
   c. straight chair
   d. waste basket
   e. call bell

5.
   a. removal of waste
   b. damp mopping
   c. dusting
   d. care of flowers
   e. removal of unnecessary articles

Change Bed Linens

#1--Completion Statements

1. bedsores (decubitus ulcers)
2. Gatch
3. foot
4. raised
5. 26 inches
6. closed (unoccupied)
7. ambulatory
8. stretcher
9. germs
10. in order of use
11. conserve (save)
12. top
13. mitered
14. center fold
15. mattress
16. patient's skin
17. away

18. bath blanket
19. toe pleat
20. bell call signal

#2--Identify Types of Beds

1. unoccupied bed
2. open bed
3. postoperative bed

Answer Telephone

#1--Use the Telephone Directory

Answers will vary depending on the local telephone directory

Take and Record Temperature, Pulse, and Respiration Rates

#1--Reading a Thermometer

1. a. 97° F.
   b. 100.6° F.
   c. 104.2° F.
2. Check student's assignment sheet to see that temperatures are marked correctly on thermometer drawings

#2--Sites For Taking Pulse

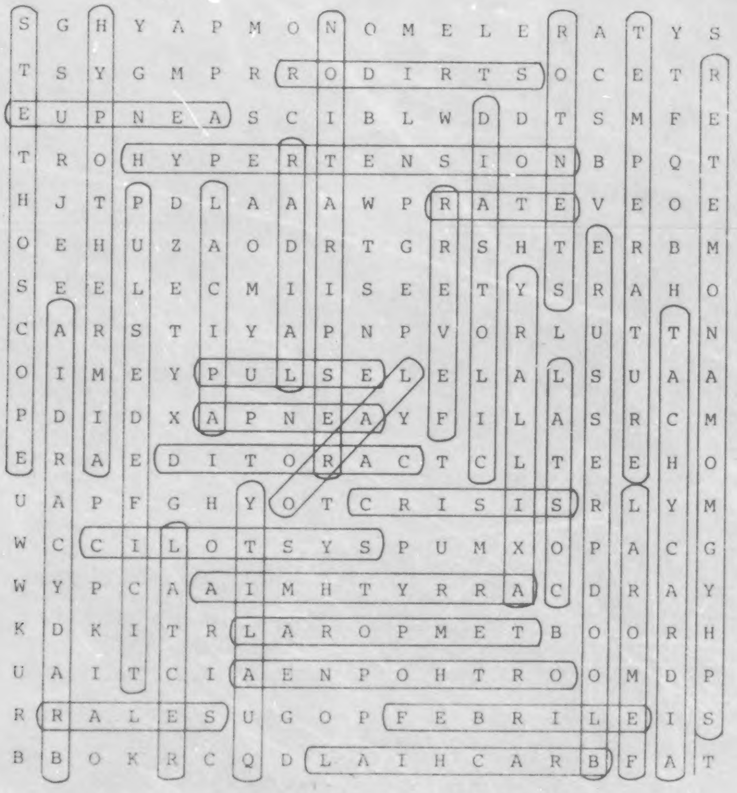
1. popliteal artery
2. posterior tibial artery
3. temporal artery
4. facial artery
5. carotid artery
6. dorsalis pedis artery
7. radial artery
8. brachial artery
9. femoral artery

#3--Questions to Answer

1. elevation of temperature
2. pulse. the beat of the artery that you feel when the heart pumps blood through the body
3. sphygmomanometer
4. temperature, pulse, respiration, blood pressure
5. digested food
6. oral, rectal, axillary
7. 97.6°--99°F

   36.5°--37.2°C
8. eupnea
9. systolic, diastolic, pulse pressure

#4--Word Find Puzzle



S	G	H	Y	A	P	M	O	N	O	M	E	L	E	R	A	T	Y	S
T	S	Y	G	M	P	R	R	O	D	I	R	T	S	O	C	E	T	R
E	U	P	N	E	A	S	C	I	B	L	W	D	D	T	S	M	F	E
T	R	O	H	Y	P	E	R	T	E	N	S	I	O	N	B	P	Q	T
H	J	T	P	D	L	A	A	A	W	P	R	A	T	E	V	E	O	E
O	E	H	U	Z	A	O	D	R	T	G	R	S	H	T	E	R	B	M
S	E	E	L	E	C	M	I	I	S	E	E	T	Y	S	R	A	H	O
C	A	R	S	T	I	Y	A	P	N	P	V	O	R	L	U	T	T	N
O	I	M	E	Y	P	U	L	S	E	L	E	L	A	L	S	U	A	A
P	D	I	D	X	A	P	N	E	A	Y	F	I	L	A	S	R	C	M
E	R	A	E	D	I	T	O	R	A	C	T	C	L	T	E	E	H	O
U	A	P	F	G	H	Y	O	T	C	R	I	S	I	S	R	L	Y	M
W	C	C	I	L	O	T	S	Y	S	P	U	M	X	O	P	A	C	G
W	Y	P	C	A	A	I	M	H	T	Y	R	R	A	C	D	R	A	Y
K	D	K	I	T	R	L	A	R	O	P	M	E	T	B	O	O	R	H
U	A	I	T	C	I	A	E	N	P	O	H	T	R	O	O	M	D	P
R	R	A	L	E	S	U	G	O	P	F	E	B	R	I	L	E	I	S
B	B	O	K	R	C	Q	D	L	A	I	H	C	A	R	B	F	A	T

Measure and Record Food and Liquid Intake and Output

#1--Questions to Answer

1. a. anuria--total lack of urine secretion
   b. oliguria--diminished amount and frequency of urination
   c. polyuria--excessive amount and discharge of urine
2. a. hypodermoclysis--injection of fluid into body tissues
   b. parenteral--introduction of materials into the body other than by mouth
3. a. urination
   b. respiration
   c. liquid stools
   d. heavy bleeding
   e. drainage tubes
   f. vomiting
4. as little, moderate, or excessive
5. the amount of food served is measured. Subtract the amount of uneaten food from the amount served

#2--Converting Ounces to Cubic Centimeters

1. 90 cc
2. 180 cc
3. 240 cc
4. 360 cc
5. 480 cc
6. 600 cc
7. 960 cc
8. 4500 cc
9. 15,000 cc
10. 30,000 cc

#3--Recording Fluid Intake and Output

See accompanying Fluid Intake and Output Record

ANSWER TO ASSIGNMENT SHEET #3

COUNTY GENERAL HOSPITAL

FLUID INTAKE & OUTPUT RECORD

Name Marvin Freeman

Ward IV West

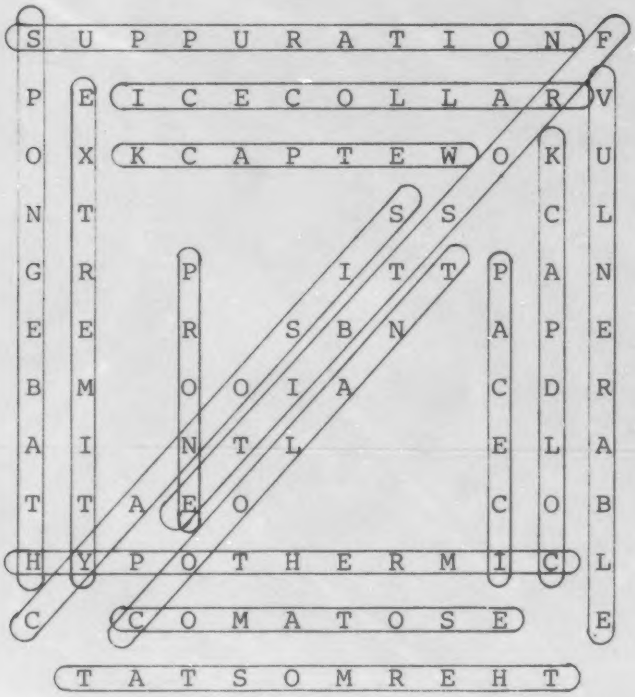
INTAKE					OUTPUT			
Date	Time	Meth./ Admin.	Solution	Amt. Rec'd	Time	Urine Amt.	OTHERS	
							Kind	Amt.
2/10/79	8:00A.	oral	coffee	90 cc	7:00 A.	300 cc		
		oral	grape juice	90 cc				
		oral	water	60 cc				
					9:00 A.	200 cc		
					9:30 A.		vomitus	150 cc
	10:00A.	oral	hot tea	90 cc				
	11:30A.	oral	hot tea	90 cc				
		oral	soup	120 cc				
		oral	gelatin	60 cc				
		oral	water	40 cc				
					1:00 P.	150 cc		
					2:00 P.		vomitus	100 cc
	3:00P.	I.V.	N.S.	500 cc				
					Total	650 cc	Total	250
TOTAL				1140 cc	**TOTAL**	900 cc		

Apply Cold

#1--Word Definitions

1. thermostat
2. hypothermia
3. cyanosis
4. frostbite
5. prone
6. vulnerable
7. comatose
8. extremity
9. suppuration
10. coolant

#2--Word Find Puzzle



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S U P P U R A T I O N F
P E I C E C O L L A R V
O X K C A P T E W O K U
N T         S S   C L
G R   P     I T T P A N
E E   R   S B N   A P E
B M   O O I A     C D R
A I   N T L       E L A
T T A E O         C O B
H Y P O T H E R M I C L
C   C O M A T O S E   E
  T A T S O M R E H T
```

#3--Short Answers to Questions

1. a. control bleeding
   b. relieve pain
   c. reduce fever
   d. reduce swelling
   e. slow suppuration
2. a. ice caps or collars
   b. chemical cold packs
   c. hypothermia blanket
3. mixture of chemicals
4. mechanical circulation of coolant--temperature is controlled by a thermostat
5. evaporation
6. evaporation
7. supervision
8. the doctor
9. the extremities
10. the aged, infants, and comatose patients

Apply Heat

#1--Completion Statements

1. increase
2. moist
3. moist
4. medicinal
5. dry
6. doctor
7. supervision
8. temperature
9. ultraviolet
10. sitz
11. soak

T-12

#2--Use of Heat

1. hot soak
2. heat lamp
3. electric heating pad
4. steam inhalation
5. sitz bath

NURSE AIDE, CENTRAL SUPPLY

ANSWERS TO ASSIGNMENT SHEETS

Prepare Dressing Packs

#1--Identifying Types of Dressings and Sponges

A. gauze sponges

B. gauze bandages

C. gauze bandages for pressure dressing

D. cotton balls

E. tonsil sponge

F. cherry (peanut) sponge

G. fluff sponge

#2--Completion Statements

1. paper
2. permeable
3. chars
4. penetrate
5. protect
6. cotton
7. healing
8. can be seen in x-ray picture

#3--Scrambled Terms

1. wrapper
2. muslin
3. ravel
4. indicator
5. package
6. sterile
7. sealing tape
8. radiopaque
9. dressing

STERILIZE PACKS, TRAYS, AND OTHER SUPPLIES

ANSWERS TO ASSIGNMENT SHEETS

Sterilize Packs, Trays, and Other Supplies

#1--Completion Statements

1. autoclave
2. safety valve
3. sterilization
4. spore
5. ethylene oxide
6. pressure
7. blisters
8. aerated
9. chemical
10. bacteria

#2--Puzzle Block

S	T	E	R	I	L	E

C	O	N	T	R	O	L
N	E	E	D	L	E	S
B	O	I	L	I	N	G
A	M	P	U	L	E	S
B	L	I	S	T	E	R
D	E	S	T	R	O	Y

ANSWERS TO ASSIGNMENT SHEETS

Clean Supplies

#1--Completion Statements

1. germs (bacteria)
2. heat
3. steam
4. disinfectant
5. radiation
6. water
7. flammabel
8. sound waves
9. glass
10. manufacturer
11. numbered
12. cool water
13. stylet
14. detergent
15. holes
16. stainless steel
17. chromium
18. rusts
19. discarded
20. costly

#2--Identification of Cleaners

1. cool water
2. suction or force
3. ether
4. ultrasonic cleaner
5. chemical disinfectant
6. detergent and water
7. mild abrasive
8. washer-sterilizer

PREPARE TREATMENT TRAYS

ANSWERS TO ASSIGNMENT SHEET

Prepare Treatment Trays

#1--Identification of Equipment

a. tongue depressor
b. nasal speculum
c. ophthalmoscope
d. otoscope
e. percussion hammer
f. stethoscope
g. sphygmomanometer
h. tape measure
i. gloves
j. emesis basin
k. knife handle
l. knife blade
m. hemostat
n. medicine glass
o. sponge forceps
p. tissue forceps
q. towel clips
r. curved scissors (Metzenbaum)
s. needle holder
t. mosquito forceps
u. syringe
v. needle
w. suture scissors
x. bandage scissors

#2--Uses of Equipment

a. percussion hammer
b. opthalmoscope
c. Emesis basin
d. stethoscope
e. hemostat
f. sponge forceps
g. knife blade
h. tongue depressor
i. sphygmomanometer
j. otoscope

ISSUE AND STORE SUPPLIES

ANSWERS TO ASSIGNMENT SHEETS

ASSIGNMENT SHEET #1--COMPLETION STATEMENTS

1. Central Supply
2. bulk storage
3. cleaning
4. dry
5. floor
6. bottom
7. amount
8. supplies
9. locating
10. budget
11. number on hand
12. date
13. expendable
14. where supplies may be obtained
15. used
16. subtracted
17. added
18. disposable
19. storage space
20. unfold

FILL OUT AN INVENTORY CARD
ANSWERS TO ASSIGNMENT SHEET

St. Catherine's Hospital
1600 Grand Avenue
Fenton, Texas 67432

Gloves

Number received	Description	Unit supply	Catalogue number	Location	Number on hand	Total number	Date
2 cases	rubber gloves size 6½	144 pr/ case	13212	15-G	1 case	3 cases	today's date

St. Catherine's Hospital
1600 Grand Avenue
Fenton, Texas 67543

Sponges

Number received	Description	Unit supply	Catalogue number	Location	Number on hand	Total number	Date
3 cases	gauze sponges 4" x 4"	2,000/ case	13675	2-B	18 cases	21 cases	today's date

St. Catherine'S Hospital
1600 Grand Avenue
Fenton, Texas 67432

Syringes

Number received	Description	Unit supply	Catalogue number	Location	Number on hand	Total number	Date
5 boxes	10 ml glass syringes	1 doz/ box	1627	37-S	2 boxes	7 boxes	today's date

NURSE AIDE, DELIVERY

ANSWERS TO ASSIGNMENT SHEETS

Prepare Patient for Delivery

1. a. wrist band

   b. call by name

2. a. expected date of delivery

   b. frequency and duration of contractions

   c. bleeding

   d. time of last food intake

3. a. prevent expulsion of fecal material during delivery with possible danger of contamination of baby

   b. the doctor makes rectal examinations during labor

   c. an enema may stimulate uterine contractions

4. makes the area as free of bacteria as possible

Clean Delivery Room

#1--Field Trip to Local Medical Facility
Evaluated to the satisfaction of the instructor.

#2--How Delivery Room is Cleaned

1. a. dust with damp cloth

   b. dust with damp cloth

   c. mop

   d. empty and clean

   e. empty and clean

2. a. wiped with antiseptic solution

   b. dusted with damp cloth

   c. scrubbed

ANSWERS TO ASSIGNMENT SHEETS

Clean Delivery Room

#1--Field Trip to Local Medical Facility

Evaluated to the satisfaction of the instructor.

#2--How Delivery Room is Cleaned

1. a. dust with damp cloth
   b. dust with damp cloth
   c. mop
   d. empty and clean
   e. empty and clean
2. a. wiped with antiseptic solution
   b. dusted with damp cloth
   c. scrubbed

NURSE AIDE, NURSERY

ANSWERS TO ASSIGNMENT SHEETS

Bathe Newborn

#1--Match Terms

K	1.	P	8.
E	2.	F	9.
G	3.	H	10.
I	4.	D	11.
J	5.	O	12.
L	6.	A	13.
C	7.		

#2--Crossword Puzzle

Across		Down	
2.	mouth	1.	fontanelles
4.	petrolatum	3.	circumcision
6.	hand	5.	umbilicus
8.	elbow	7.	alcohol
9.	sponge	11.	nasal
10.	lotion	13.	triangular
12.	crib	17.	heat
14.	sterile	19.	elbow
15.	Q-tips	21.	bathe
16.	tub		
18.	navel		
20.	football		

Weigh Newborn

#1--Multiple Choice

1. D
2. C
3. B
4. E
5. A
6. D

#2--Conversion Problems

1. Step 1: 30 gm. x 16 oz. = 480 gm.
   Step 2: 3000 gm. ÷ 480 gm. = 6.25 lb.
   Step 3: .25 lb. = 1/4 lb. = 4 oz.
   Answer: 3000 gm. = 6 lb. 4 oz.

2. Step 1: 30 gm. x 16 oz. = 480 gm.
   Step 2: 4560 gm. ÷ 480 gm. = 9.5 lb.
   Step 3: .5 lb. = 1/2 lb. = 8 oz.
   Answer: 4560 gm. = 9 lb. 8 oz.

3. Step 1: 24.2 kg. ÷ 2.2 lb. = 11 lb.
   Answer: 5 kg. = 11 lb.

4. Step 1: 18.15 kg. ÷ 2.2 lb. = 8.25 lb.
   Step 2: .25 lb. = 1/4 lb. = 4 oz.
   Answer: 18.15 kg. = 8 lb. 4 oz.

Dress Newborn

#1--True-False Statements

1. True
2. False
3. False
4. True
5. False
6. True
7. True
8. False
9. True
10. False
11. True
12. False
13. False
14. True
15. False
16. False
17. True
18. True
19. False
20. True
21. True
22. True
23. True
24. False

#2--Fold Diapers

The student will fold paper diapers to the satisfaction of the coordinator

Feed Newborn

#1--Crossword Puzzle

Across

4. bubbling
8. colic
9. doctor
10. colostrum
12. identification
14. breast
16. cradled
17. cuddle
18. NPO
19. diaper
21. eight
22. no
23. rooting
24. three
15. hungry

Down

1. milk
2. bottle
3. nutritional
5. uninterested
6. four
7. sucking
11. pat
12. involuntary
13. formula
15. gas
20. root

T-33

NURSE AIDE, MEDICAL

ANSWER SIGNAL LIGHTS AND BELL TO DETERMINE PATIENT'S NEEDS

TEST

Please answer the following questions using complete sentences.

1. How does the patient call for help when using the light call signal?

2. Where are emergency call signals usually located?

3. What is the first thing an attendant should do when answering a light signal?

4. If you are not sure that a patient's request is within your responsibility, what should you do?

5. What is the first thing to do after receiving an emergency call?

BATHE A PATIENT

TEST

1. List five types of baths.

a. ____________________

b. ____________________

c. ____________________

d. ____________________

e. ____________________

2. Which patients are given a complete bed bath?

3. What are the duties of the attendant when assisting a patient with a tub or shower bath?

a. ____________________

b. ____________________

c. ____________________

d. ____________________

4. Give three reasons for bathing a patient.

a. ____________________

b. ____________________

c. ____________________

5. When bathing a patient, how is the washcloth placed on the attendant's hand?

6. What part of the patient's face is washed first?

7. When giving a complete bed bath, what is the only body part placed in the washbasin?

8. What part of the body is bathed last?

ASSIST THE PATIENT TO DRESS OR UNDRESS

TEST

1. List seven reasons that patients may need help to dress or undress.

2. List four general guidelines the attendant should follow in dressing or undressing the patient.

3. Why is a hospital gown the most commonly used garment for a patient?

4. How is the bed cover arranged over the patient when assisting him/her to put on pants?

5. When assisting a patient that is receiving an intravenous treatment to dress and undress, which arm is undressed and dressed first?

6. How do hospital gowns designed for use for patients receiving intravenous treatment differ from regular hospital gowns?

SERVE AND REMOVE PATIENT TRAYS

TEST

Directions: Please write the answers to the following questions.

1. List two ways to make certain you are giving the right tray to the right patient.

   a. ____

   b. ____

2. What three items should be on every tray?

   a. ____________

   b. ____________

   c. ____________

3. To whom are the patient's complaints and compliments reported?

4. What should you do if the patient requires service you are not trained to give?

5. Where do you place the tray after removing it from the patient's table?

FEED A HELPLESS PATIENT

TEST

1. List three examples of patients who are unable to feed themselves.

   a.

   b.

   c.

2. What attitude should the attendant have when feeding a helpless patient?

3. List five important things to remember when feeding a patient.

   a.

   b.

   c.

   d.

   e.

TRANSPORT PATIENT USING WHEELCHAIR, OR ASSIST PATIENT TO WALK

TEST

1. Which patients need to use a wheelchair?

____ 1.

2. In your own words, list five principles of body mechanics.

____ a.

____ b.

____ c.

____ d.

____ e.

3. Why do you lock the wheelchair after you've placed it beside the bed?

4. When assisting a patient to walk, how do you support the patient?

DRAPE PATIENT FOR EXAMINATION AND TREATMENTS

TEST

1. What is the purpose of a physical examination?

2. What duties does the nurse aide have when assisting the doctor with a physical examination?

3. List ten pieces of basic equipment for a medical examination.

   a. ____________________

   b. ____________________

   c. ____________________

   d. ____________________

   e. ____________________

   f. ____________________

   g. ____________________

   h. ____________________

   i. ____________________

   j. ____________________

4. Name the position in which the patient lies on back, knees flexed, and with the soles of the feet flat on the bed.

5. Name the position in which the patient is on the knees with the chest resting on the bed.

6. Name the position in which the patient stands upright with the feet together and palms forward.

7. List five examination positions not described in questions 5, 6, and 7.

   a. ____________________

   b. ____________________

   c. ____________________

   d. ____________________

   e. ____________________

8. List any five steps that may be followed in assisting the doctor with an examination.

   a.

   b.

   c.

   d.

   e.

DUST AND CLEAN PATIENTS' ROOMS

TEST

1. List two departments responsible for cleaning the patient unit other than the nurse aide.

   a. ____________________ b. ____________________

2. List two instances in which the nurse aide usually cleans and dusts a patient's room.

   a. ____________________ b. ____________________

3. Give two reasons why cleanliness is important to the sick.

   a. ____

   b. ____

4. List five items usually found in a patient unit.

   a. ____________________ d. ____________________

   b. ____________________ e. ____________________

   c. ____________________

5. Give five things usually included in the proper daily cleaning of a patient unit.

   a. ____________________ d. ____________________

   b. ____________________ e. ____________________

   c. ____________________

6. Where must soiled bed and bath linens be placed when cleaning a patient unit?

   ____

7. What should you do with personal belongings of value that a patient leaves in a hospital room?

   ____

8. What specific cleaning equipment is used to clean each of the following:

   a. wastebasket

   b. window sill

   c. top and sides of a mattress (unoccupied bed)

   d. wood furniture

   e. plastic furniture

CHANGE BED LINENS

TEST

1. Why is it important to avoid wrinkled bedding?

2. What height bed is most convenient for patient care?

3. What height bed is most convenient for patients to get in and out of bed?

4. What is meant by a closed or unoccupied bed?

5. What is meant by an open bed?

6. What is meant by an occupied bed?

7. What is meant by a postoperative or recovery bed?

8. Why should you avoid shaking soiled linens, or allowing them to touch your uniform when you remove them from the patient's bed?

9. What is the purpose of:
    a. the protective sheet

    b. the cotton drawsheet

10. List in order the linens placed on an unoccupied bed.

11. Give the procedure for making a mitered corner. You may use sketches to clarify your answer if you wish.

12. How is the bath blanket used when making an occupied bed?

13. When changing bed linens, why do you complete one side of the bed before moving to the opposite side?

14. Why do you prepare a toe tuck in an occupied bed?

15. Assign student to make an unoccupied bed.

RUN ERRANDS AND DIRECT VISITORS

TEST

1. List three tips for running errands in the building.

    a.

    b.

    c.

2. When delivering a message outside the building:

    a. What route should you take?

    b. Do you need personal identification?

    c. Who should you ask for directions if you need help finding your way?

    d. What should you do if you are delayed?

3. The following statements pertain to directing visitors: If the statement is true, write TRUE in the blank space, if false, write the word FALSE.

__________a. You should answer visitors'questions courteously and with a smile.

__________b. If you are busy, tell visitor to ask someone else.

__________c. Give directions simply and concisely.

__________d. Mention helpful directional signs.

__________e. If maps of the facility are available, use them only if visitor demands one.

__________f. If you cannot help the visitor, find your supervisor or someone else who can help.

__________g. If visitors need help, leave your station and help them.

ANSWER TELEPHONE

TEST

1. Complete the following statements about the correct procedure for answering a telephone call. Use the words listed below.

yourself	promptly
calendar	message
legibly	

a. Answer the telephone ______________.

b. Identify the station and ______________.

c. Some actions you might need to take when answering the telephone are to summon others to the phone, offer assistance,or take a ______________.

d. You should have a pad, pencil, and ______________ at hand for taking messages.

e. Be careful to write ______________.

2. Answer the following questions about dialing a telephone number.

a. What must you listen for before you begin to dial?

____

b. When is the number registered as you dial?

____

c. What number is frequently confused with the letter "l"?

____

3. The following statements are about conversing on the telephone. Write TRUE or FALSE in front of each statement.

__________ a. You should speak directly into the mouthpiece.

__________ b. It is not necessary to identify yourself if you identify your office.

__________ c. Use a normal conversational tone.

__________d. State the reason for your call and give necessary information.

__________e. It is the obligation of the person called to terminate a conversation.

4. List any six items found in the introductory pages of the telephone directory.

a. ____________________ d. ____________________

b. ____________________ e. ____________________

c. ____________________ f. ____________________

5. How are the surnames of individuals listed in the telephone directory?

6. If two names are identical, (Money, Gail Ann and Money, Gail Ann) how are they differentiated in a telephone directory?

7. What are the yellow pages of the telephone directory used for?

TAKE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION RATES

TEST

1. Match the terms relating to vital signs on the right to their correct definitions.

_____a. Feverish; pertaining to fever

_____b. Sudden drop from fever to normal body temperature

_____c. Heart rate count at the apex of the heart, using a stethoscope

_____d. Body temperature below normal

_____e. A temperature that alternates between fever and normal or subnormal body temperature

_____f. Instrument used to listen to the sounds produced by the heart, lungs, and other internal organs

_____g. Abnormally slow heart rate

_____h. High blood pressure

_____i. Difference between pulse count taken simultaneously at two sites, usually radial and apical pulses

_____j. A fever that stays elevated above normal body temperature

_____k. Heart rate consistently above normal

1. apical pulse
2. arrythmia
3. blood pressure
4. body temperature
5. bradycardia
6. continued fever
7. crisis
8. febrile
9. fever
10. hypertension
11. hypotension
12. hypothermia
13. intermittent fever
14. pulse
15. pulse deficit
16. quality
17. rate
18. respiration
19. sphygmomanometer
20. stethoscope
21. tachycardia

_____l. Elevation of body temperature above normal

_____m. Breathing: The inspiration and expiration of air involving the muscles of the stomach and chest

_____n. Force the blood exerts against a vessel wall as the heart beats

_____o. Instrument used to measure the blood pressure

_____p. Uneven intervals between pulse or heartbeats

_____q. Low blood pressure

_____r. Number of pulse, heartbeats, or respirations per minute

_____s. Volume; strength of pulse beats

_____t. Beat of the artery that you feel when the heart pumps the blood through the body

_____u. Balance between heat produced and heat lost by the body

2. Complete the following statements about the significance of vital signs.

   a. Vital signs include temperature, blood pressure, respiration and _______________a.

   b. A rate change may indicate _______________b.

   c. The condition of the patient may be evaluated by the accurate measurement of _______________c.

d. Except in case of severe illness, how often should the patient's vital signs be checked? ________________ d.

3. a. Some heat may be obtained through the environment, but what is the source of most body heat? ______________________ a.

b. Most body heat is lost through the ______________ b.

4. List three sites where temperature can be taken, and the advantages or disadvantages of each.

a.

(1) ____________________

(2) ____________________

(3) ____________________

b.

(1) ____________________

(2) ____________________

(3) ____________________

c.

(1) ____________________

(2) ____________________

5. Write condition in which temperature should not be taken in a certain location.

6. Match the terms in Column B to the terms in Column A.

	A		B
_____a.	103° to 105° F.	1.	Normal oral
_____b.	Below 96° F.	2.	Subnormal
_____c.	97.6° to 99° F.	3.	Normal axillary
_____d.	100° to 103° F.	4.	Moderate fever
_____e.	99.6° F.	5.	Normal rectal
_____f.	97.6° F.	6.	High fever

7. Name the seven factors affecting body temperature.

a.

b.

c.

d.

e.

f.

g.

8. Briefly describe the procedure for reading a thermometer.

9. List five areas where pulse may be taken.

   a.

   b.

   c.

   d.

   e.

10. Match the average pulse rates in Column B with corresponding age groups in Column A.

	A	B
_____a.	Children one to seven	1. 60 to 72
_____b.	Women	2. 76 to 92
_____c.	Children over seven	3. 110 to 130
_____d.	Men	4. 68 to 80
_____e.	Infants	5. 80 to 120

11. Give the five factors influencing heart rate and pulse rate.

   a.

   b.

   c.

   d.

   e.

12. List any five common factors affecting respiration.

   a.

   b.

   c.

   d.

   e.

13. Match the respiratory terms in Column B to the correct definitions in Column A.

_____a. Difficult or labored

_____b. Condition in which breathing is possible only when the person sits or stands in an erect position

_____c. Normal

_____d. Temporary cessation

_____e. Accompanied by abnormal snoring sounds

_____f. Respirations gradually increase in rapidity and volume until they reach a climax, then gradually subside. Then respiration ceases entirely for a few seconds before the cycle begins again

_____g. Breathing accomplished chiefly by the rib muscles

1. Apnea
2. Cheyne-Stokes
3. Costal
4. Dyspnea
5. Eupnea
6. Orthopnea
7. Stentor

14. List six factors that influence blood pressure.

a.

b.

c.

d.

e.

f.

15. Explain and list the three types of pressure concerned with taking a blood pressure

    a.

    b.

    c.

16. Name the two most common places for taking blood pressure

    a.

    b.

MEASURE AND RECORD FOOD AND LIQUID INTAKE AND OUTPUT

TEST

1. List three ways fluid may enter the body.

   a. ____________________

   b. ____________________

   c. ____________________

2. List six ways fluid can leave the body.

   a. ____________________

   b. ____________________

   c. ____________________

   d. ____________________

   e. ____________________

   f. ____________________

3. Complete the following statements about the procedure for measuring and recording fluid intake using the words listed.

   patient
   intake
   intravenous
   liquid
   graduate

   a. Equipment needed for measuring and recording fluid intake includes the intake and output record, pen, leftover fluids, and ______________.

   b. After you have washed your hands, and assembled your equipment, you must explain to the ___________ what you plan to do.

   c. Gelatin, ice cream, and thin cereal are examples of foods that are considered ______________.

   d. All liquid taken with meals or between meals is recorded in the ______________ column of the intake and output record.

   e. Liquid intake other than oral includes hypodermoclysis, tube feeding, and ______________.

4. Answer the following statements about the procedure for measuring and recording output by writing TRUE or FALSE in the spaces at the left.

_____a. All liquid output is measured and recorded

_____b. After fluid is measured, it is all saved for the charge nurse to check

_____c. Fluid specimens are measured at the patient's bedside

_____d. Perspiration and blood loss are recorded as little, moderate, or excessive

_____e. A graduate is used to measure liquid output

5. Convert the following ounces to cubic centimeters.

1 oz. = 30 cubic centimeters

1. 5 oz. = _____ cubic centimeters
2. 8 oz. = _____ cubic centimeters
3. 2.5 oz. = _____ cubic centimeters
4. 16 oz. = _____ cubic centimeters
5. 9 oz. = _____ cubic centimeters

6. Explain how to determine the amount of food a patient has eaten.

7. Using the accompanying intake and output record, record intake and output with date and time. Total the intake and output.

7:30 a.m.	60 cc	coffee	oral
	40 cc	orange juice	oral
	40 cc	cereal with milk	oral
9:30 a.m.	50 cc	milk	oral
11:30 a.m.	90 cc	tea	oral
	90 cc	water	oral
	40 cc	gelatin	oral
2:00 p.m.	500 cc	N.S.	I.V.
2:45 p.m.	15 cc	cracked ice	oral

7:10 a.m.	250 cc	urine
9:00 a.m.	moderate	perspiration
11:00 a.m.	200 cc	urine
12:00 p.m.	100 cc	urine
12:30 p.m.	50 cc	vomitus
1:00 p.m.	excessive	perspiration
2:30 p.m.	200 cc	urine

Name: Willa Cather
Ward: III-B
Date: Use current date

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QUESTION 7

COUNTY GENERAL HOSPITAL

FLUID INTAKE & OUTPUT RECORD

Name ______________________ Ward ____________

INTAKE					OUTPUT			
Date	Time	Meth./ Admin.	Solution	Amt. Rec'd	Time	Urine Amt.	OTHERS	
							Kind	Amt.
TOTAL					TOTAL			

APPLY COLD

TEST

I. Match the terms in column A with the definitions in column B using letter answers.

a. comatose
b. coolant
c. cyanosis
d. extremities
e. frostbite
f. hypothermia
g. prone
h. suppuration
i. thermostat
j. vulnerable

1. Lowered temperature ____ 1.
2. Easily injured or wounded ____ 2.
3. In a deep stupor, unconscious ____ 3.
4. An arm (hand, fingers) or leg (foot, toes) ____ 4.
5. Automatic device for controlling temperature ____ 5.
6. Lying face downward ____ 6.
7. Fluid cooling agent ____ 7.
8. Tingling sensation and redness, followed by paleness and numbness of affected area ____ 8.
9. Process of pus formation ____ 9.
10. Discoloration of skin due to lack of oxygen; bluish, gray, or purple ____ 10.

II. List four effects of cold used in the treatment of disease.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

III. List three items of general instruction to be followed when applying cold to a patient.

a.

b.

c.

IV. Complete the following sentences by adding the word or words which best complete the meaning.

a. Devices for providing dry cold are an ice cap, bag, or collar, chemical cold packs or ___________a.

b. Cool wet packs, alcohol baths, and cold moist compresses are all forms of ___________b.

c. Alcohol or cool sponge baths are used to reduce ___________c.

d. Cold treatments are ordered by the ___________d.

e. The attendant receives orders for patient care from ___________e.

V. If the following statements are true, print TRUE in the blank space; if false, print FALSE.

a. Fill ice bags as full as possible so they will stay cold longer. ___________a.

b. When storing an ice bag, be sure air remains in the bag to keep the sides from sticking together. ___________b.

c. Body heat causes cold, moist compresses to warm rapidly. ___________c.

d. Patients must be carefully watched for signs of chills, bluish lips, or a weak, rapid pulse, during the application of cold. ___________d.

e. When applying cool, wet packs the sheets are packed in ice prior to use. ___________e.

APPLY HEAT

TEST

1. List four general uses of heat treatments.

   a.

   b.

   c.

   d.

2. a. What is the effect of heat on the blood vessels?

   b. What is the effect of heat on the sweat glands?

3. List three examples of dry heat.

   a.

   b.

   c.

4. List three examples of moist heat.

   a.

   b.

   c.

5. List six general rules that should be observed when giving heat treatments.

   a.

   b.

   c.

   d.

   e.

   f.

6. Why is it important that the patient avoid lying on a hot water bottle or electric heating pad?

NURSE AIDE, CENTRAL SUPPLY

PREPARE DRESSING PACKS

TEST

1. List four desirable characteristics of wrapping materials.

   a. ______________________________

   b. ______________________________

   c. ______________________________

   d. ______________________________

2. What is a disadvantage of using paper to wrap packs if a hot oven is used for sterilization?

   ____

   ____

3. List three materials that may be used to make dressings?

   a. ____________________

   b. ____________________

   c. ____________________

4. Why is it so important to avoid having the raw edges of a dressing in contact with a wound?

   ____

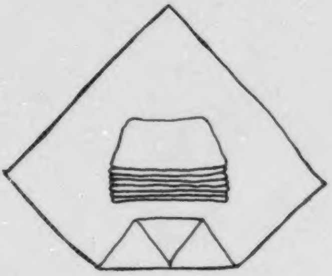
   ____

5. What is the purpose of the radiopaque line found in some sponges?

   ____

   ____

6. Label the diagrams below "A" through "E" in the order in which dressings are packed. ("A" should be the first step, "E" should be the last.)



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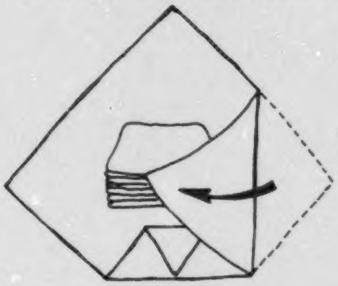

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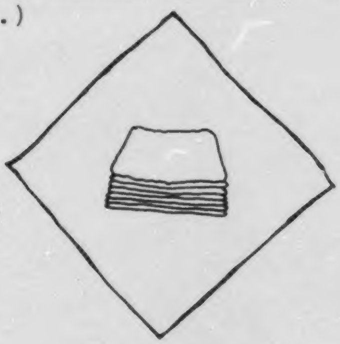

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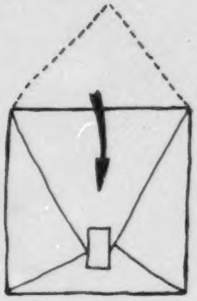

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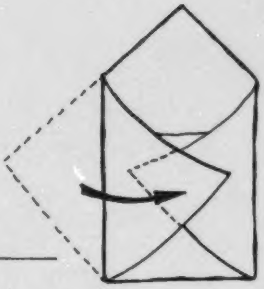
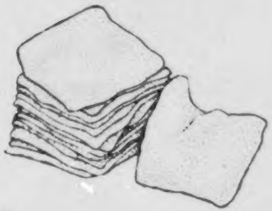
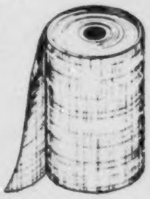


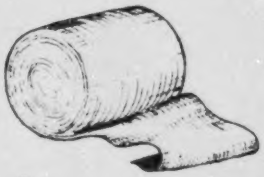
7. Label the diagrams of the dressings below.



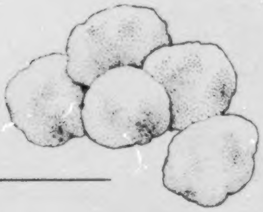
A________



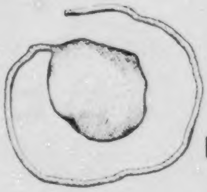
B________



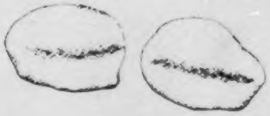
C________



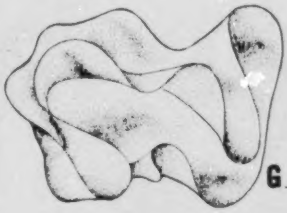
D________



E________



F________



G________

STERILIZE PACKS, TRAYS, AND OTHER SUPPLIES

TEST

1. Match the following terms with definitions using number answers.

    1. sterilization
    2. autoclave
    3. safety valve
    4. spore
    5. ethylene oxide
    6. chemical control
    7. biological control
    8. radiation

    a. device used for sterilization by live steam under pressure _____a.

    b. method of testing sterility using live bacteria _____b.

    c. gas used for sterilization _____c.

    d. process by which germs are destroyed _____d.

    e. valve which releases steam from pressure cooker _____e.

    f. a resistant form that bacteria assume under adverse conditions _____f.

    g. method of testing sterility using chemicals _____g.

    h. sterilization using beta particles or gamma rays _____h.

2. List four sterilizing agents.

    a.

    b.

    c.

    d.

3. Explain why the temperature in the autoclave is greater than the temperature of boiling water.

4. In what way are the autoclave and the pressure cooker alike?

5. What is the disadvantage of using boiling water for sterilization?

6. Give one advantage and one disadvantage of ethylene oxide as a sterilant.

7. List three examples of chemical controls for sterilization.

   a.

   b.

   c.

8. What is the most effective method of confirming sterility?

Clean Supplies

Test

I. Match the following terms with the phrases using letter answers.

a. stylet

b. decontamination

c. sound waves

d. glass syringe

e. washer-sterilizer

f. ethylene oxide

g. disposable equipment

h. chemical disinfectant

1. Equipment designed to be used once and then discarded ______1

2. Gas used for decontamination ______2

3. Means by which ultrasonic cleaners remove soil. ______3

4. Instrument for injecting fluid. ______4

5. Destruction of disease ______5

6. Solution used to decontaminate items that may be damaged by heat. ______6

7. Slender wire used to remove clogs from needles. ______7

8. Machine used to decontaminate using saturated steam. ______8

II. Tell what kind of cleaner would be used for each of the following:

1 to clean stained metalware ________________1

2. to loosen dried blood ________________2

3. to remove oil ________________3

4. to remove soil by means of sound waves ________________4

5. to clean glassware or rubber tubing ________________5

III. List three means of decontaminating supplies

1. ______________________________

2. ______________________________

3. ______________________________

IV. Give one advantage and one disadvantage of the use of disposable supplies.

Advantage: ____

____

Disadvantage: ____

____

PREPARE TREATMENT TRAYS

TEST

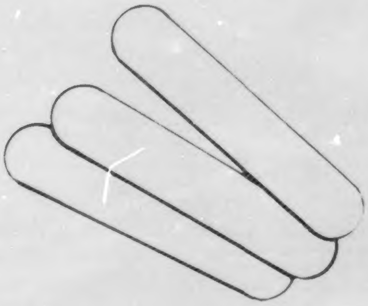
1. Who chooses the tools to be included on a treatment tray?

2. Why are extra tools not included?

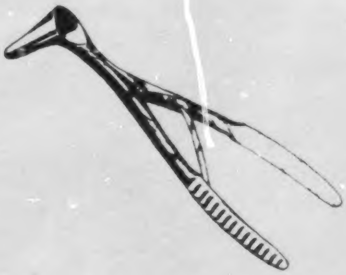
3. What must be considered in choosing whether to use commercially prepared equipment or not?

4. How is a sterile tray usually prepared?

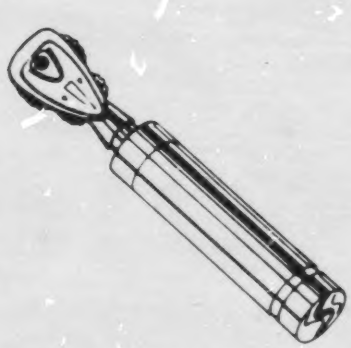
5. Identify the equipment pictured.



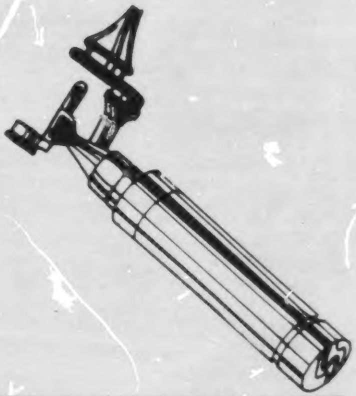
a. ______________________



b. ______________________



c. ______________



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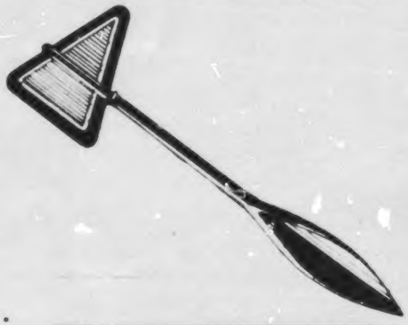

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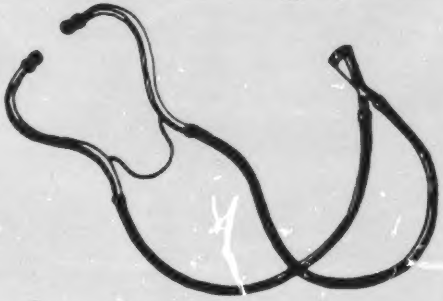

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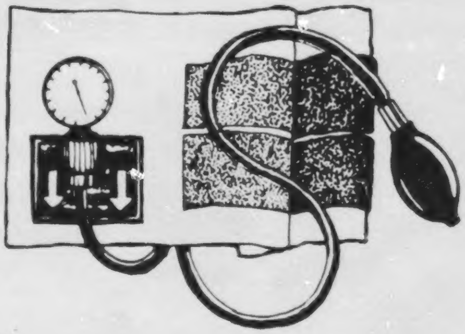
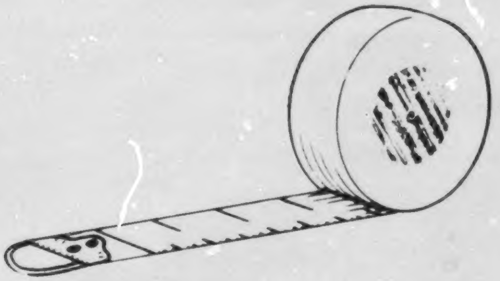


g. ______________



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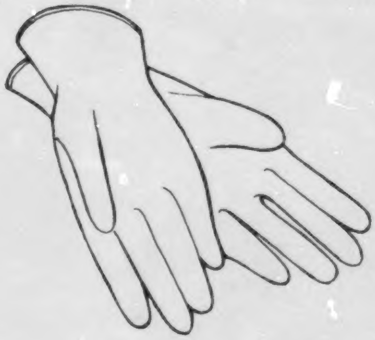
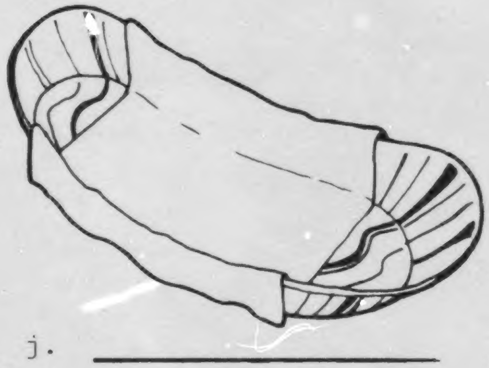
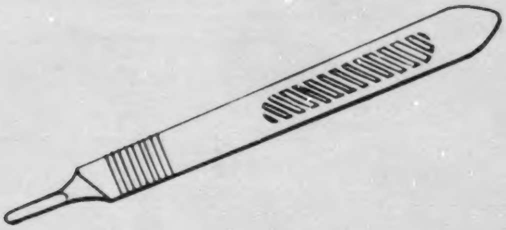


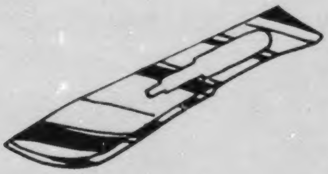
i. ______________



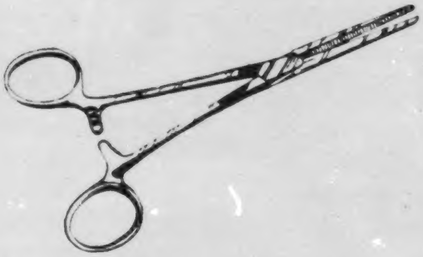
j. ______________



k. ____________________



l. ____________________



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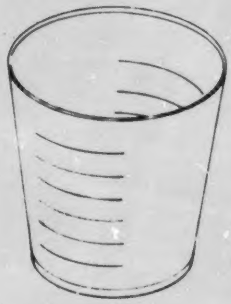

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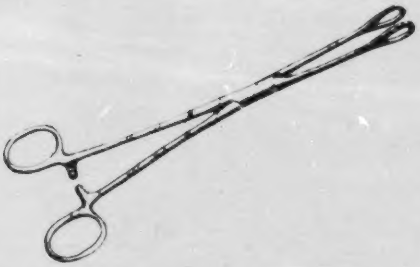
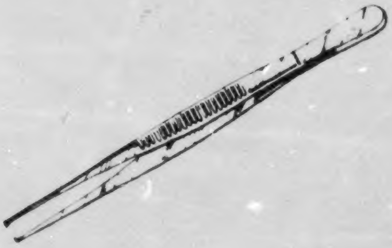


o. ____________________



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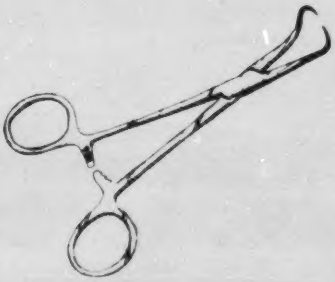

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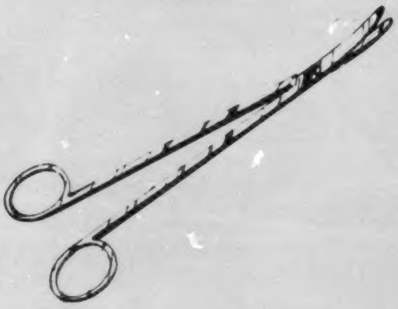

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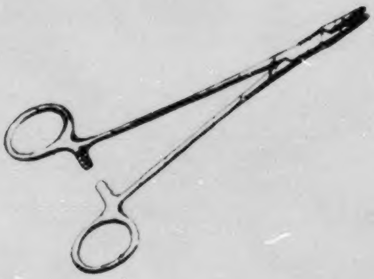

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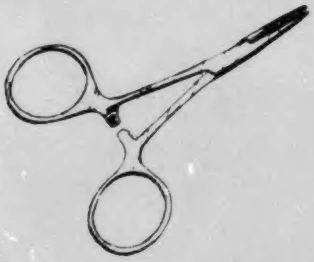

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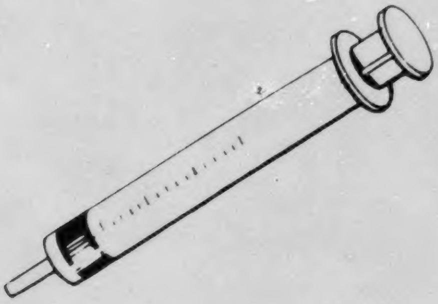
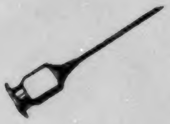
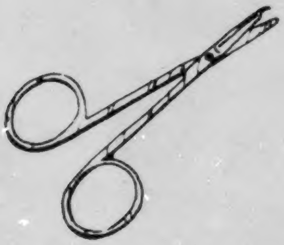


u. ____________________



v. ____________________



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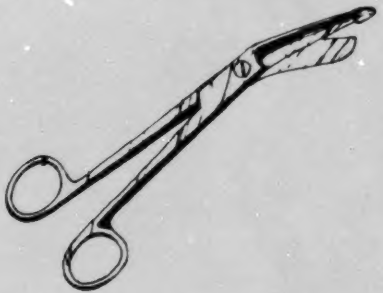

x. ____________________

ISSUE AND STORE SUPPLIES

TEST

Answer the following questions using phrases or single words.

1. Name two places where bulk quantities of supplies are usually stored?

   ____________________ ____________________

2. What is the advantage of using disposable supplies?

   ____

3. What is the disadvantage of using disposable supplies?

   ____

4. List three desirable characteristics for storage places

   ____________ ______________ ____________

5. Where is newest stock stored?

   ____

6. Define inventory.

   ____

7. List three uses of an inventory

   a______________________________

   b______________________________

   c______________________________

8. Give two examples of types of inventory systems

   a______________________________

   b______________________________

9. When supplies are issued, how are inventories changed?

   ____

   ____

10. List three ways in which linen may be supplied

a ____

b ____

c ____

11. Complete the inventory card using the following information:

1 gross needles, Yale reusable 25 x 5/8"
Unit supply 12 dozen/box. Catalogue #7673
location 12-G. Number on hand 1 gross

1 box needles, sterile disposable, 25 x 5/8"
unit supply 100/box, Catalogue #7602
location 12-A, number on hand 1 box

1 box needles, Yale reusable, 23 x 2"
unit supply 100/box, Catalogue #7675
location 12-H, number on hand 1 box

INVENTORY CARD

St. Catherine's Hospital
1600 Grand Avenue
Fenton, Texas 67432

Number received	Description	Unit supply	Catalogue number	Location	Number on hand	Total number	Date

NURSE AIDE, DELIVERY

PREPARE PATIENT FOR DELIVERY

TEST

1. How can the Nurse Aide reassure an apprehensive patient?

2. What is the first thing the Nurse Aide must do before beginning any procedure for a patient?

3. Why is it important to know the Expected Date of Delivery? (E.D.D.)

4. Who needs to know the time of the last food intake?

5. (6,7) List three reasons for giving an enema prior to delivery.

6.

7.

8. Why is the perineal area shaved before delivery?

9. What position is the patient placed in when giving pre-delivery preparation?

CLEAN DELIVERY ROOM

TEST

1. How are the furniture and light fixtures cleaned each morning before the delivery room is used?

2. How is the floor cleaned after each delivery?

3. How are the walls of the operating room cleaned at the end of each day?

4. What type of foreign material may be caught in the legs, wheels, or castors of the delivery table?

5. After the delivery table is taken apart for cleaning and reassembled, what final check must be made?

6. List five pieces of equipment you found in the delivery room you visited.

   a.

   b.

   c.

   d.

   e.

NURSE AIDE, NURSERY

BATHE NEWBORN

TEST

1. Why is a newborn given a sponge bath rather than a tub bath during the first two weeks of life?

2. Why is the temperature of the bath water for a baby tested with your elbow instead of your hand?

3. Why should you never use Q-tips or cotton wrapped on a stick to clean a baby's eyes, nose, or ears?

4. How is powder or lotion applied to a baby?

5. How is cord care given?

6. When lifting, turning, and holding a baby, what part of the body should be protected?

7. When a male baby has been circumcised, what three things should you watch for?

8. What is the umbilicus?

9. When giving a bath to a baby, how do you care for the baby's mouth?

WEIGH NEWBORN

TEST

1. Why is a newborn weighed and measured daily while in the hospital?

2. What is the average weight and length of a newborn?

3. Why are baby scales always balanced with a diaper, pad, or scales protector in it?

4. Why should you stand directly in front of the scales to read the weight?

DRESS NEWBORN

TEST

1. While in the hospital nursery, a newborn is dressed in what kind of clothing?

2. Describe how a closed garment is usually placed on a baby.

3. What is the general rule to follow when putting a sleeve of a garment on a baby's arm?

4. After dressing the baby, should you pin a shirt or other garment to the baby's diaper? Explain.

5. When diapering a newborn, how are the safety pins placed on the diapers?

6. What is meconium?

7. What kinds of disturbances in a newborn's stools should the Nurse Aide watch for?

8. How often should a newborn's diaper be changed?

FEED NEWBORN

TEST

1. Name two involuntary reflexes which a baby is born with and describe each.

   a.

   b.

2. Why is milk the best food for babies?

3. Describe what and when a newborn is fed during the first 20 to 24 hours after birth.

4. How often is a newborn fed?

5. What is colostrum?

6. Name five things the Nurse Aide should do before giving a baby to the mother for feeding.

   a.

b.

c.

d.

e.

7. When bottle-feeding a baby, why should there always be milk in the neck and nipple of the bottle?

8. Why should a bottle never be propped up with the baby lying down?

NURSE AIDE, MEDICAL

ANSWER SIGNAL LIGHTS AND BELLS TO DETERMINE PATIENT'S NEEDS

ANSWERS TO TEST

1. The patient calls for help when using the signal light by pushing the button on the end of the cord.
2. Emergency call signals are usually located at the patient's bedside and in the bathroom.
3. The first thing an attendant should do when answering a light signal is to identify self.
4. If you are not sure that a patient's request is within your responsibility, you should consult your supervisor.
5. The first thing to do after receiving an emergency call is to go directly to the patient.

BATHE A PATIENT

ANSWERS TO TEST

1. Any five of the following:

   a. complete bed bath
   b. partial bed bath
   c. tub bath
   d. shower
   e. therapeutic bath
   f. Sitz bath

2. patients who are unable to get out of bed

3. a. supply linens and soap
   b. adjust room and water temperature
   c. assist patient to and from the bathroom
   d. assist the patient to bathe if necessary

4. Any three of the following:

   a. clean the patient
   b. promote circulation
   c. provide relaxation
   d. provide passive exercise

5. make a mitten from the washcloth by wrapping it around the hand

6. the eyes

7. the feet

8. the genitalia

ASSIST THE PATIENT TO DRESS OR UNDRESS

ANSWERS TO TEST

1. Any seven of the following:
    a. Weakness
    b. Pain
    c. The patient may be in a cast
    d. Paralysis
    e. Lack of maturation (infants and small children)
    f. Brain impairment
    g. Special appliances or equipment used
    h. Absence of a portion of a limb
    i. Lack of vision
    j. Emotional dependence
2. Any four of the following:
    a. Maintain good body alignment while carrying out procedure
    b. Move patient to proximal side of bed
    c. Dress and undress the patient without imposing discomfort, stress, or unnecessary exposure or injury
    d. When assisting the patient to dress, the garment is placed on the affected side first
    e. When assisting the patient to undress, the garment is removed from the affected side last.
3. A hospital gown is easily put on and removed
4. When assisting a patient to put on pants the bed cover is pulled back from the foot of the bed and over the patient's knees.
5. The affected arm (the arm with the needle and tubing) is undressed and dressed first.
6. Open at shoulder

SERVE AND REMOVE PATIENT TRAYS

ANSWERS TO TEST

1. a. Call the patient by name
   b. Check the patient's bed tag or arm band
2. a. Food
   b. Napkin
   c. Silverware
3. To the supervisor
4. Send the nurse
5. Place on food cart

FEED A HELPLESS PATIENT

ANSWERS TO TEST

1. a. Patients who are injured
   b. Patients who are emotionally disturbed
   c. Patients who are too weak to use eating utensils
2. Patience, concern and cheerfulness
3. Any five of the following:
   a. Take as much time as needed
   b. Offer small amounts
   c. Use a spoon
   d. Check temperature of food before serving
   e. Use a straw for liquids
   f. Describe the food items

TRANSPORT PATIENT USING WHEELCHAIR OR ASSIST PATIENT TO WALK

ANSWERS TO TEST

1. Patients who are able to sit up, but who are unable to walk

2. Answer will include any of the five:

    a. Encourage patients to do as much as they can for themselves whenever possible. This will provide exercise, maintain muscle tone, and help prevent contracture

    b. The Nurse Aide should maintain a broad base of support by standing with feet comfortably apart, one foot forward, and toes pointed in the direction of movement

    c. Stand close to the patient's bed or chair and flex the knees and hips when you stoop

    d. Use the longest and strongest muscles of your arms and legs to prevent back strain

    e. Carry heavy objects close to your body

    f. Whenever possible, move the patient by rolling or turning rather than lifting

    g. Pull the patients toward you whenever possible because it is easier than lifting

3. To keep it from moving

4. Ask patient to place one arm around your shoulders, and place your nearest arm alongside the patient's waist.

DRAPE PATIENT FOR EXAMINATION AND TREATMENTS

ANSWERS TO TEST

1. Provide information about the patient to help determine diagnosis and treatment

2. a. Drape the patient

   b. Prepare needed equipment

3. Any ten of the following:

   a. flashlight

   b. emesis basin

   c. cotton balls

   d. tonuge depressor

   e. ophthalmoscope

   f. tissues

   g. otoscope

   h. nasal speculum

   i. tape measure

   j. lubricant

   k. percussion hammer

   l. gloves

   m. sphygmomanometer

   n. stethoscope

4. dorsal recumbent

5. knee-chest

6. anatomic (vertical)

7. Any five of the following:

   a. horizontal recumbent (supine)

   b. prone

   c. Sim's (lateral)

   d. Fowler's

   e. lithotomy

   f. dangling (sitting)

8. Any five of the following:

   a. Assemble the basic equipment needed

   b. Assist the patient to sit up in bed, undress, turn over, or to assume any required position

   c. Remain in the room unless otherwise instructed

d. Hand the doctor equipment as it is requested

e. Assist the patient to dress following examination in necessary

f. Clean used equipment as indicated, return all equipment to the proper place

g. Record time, date, and extent of examination for charting

DUSTS AND CLEANS PATIENTS' ROOMS

ANSWERS TO TEST

1. a. maintenance
   b. housekeeping

2. a. while it is occupied
   b. immediately after a patient is discharged

3. a. the ill have lowered resistance to disease
   b. some patients may have a contagious disease

4. a. bed
   b. bedside stand
   c. straight chair
   d. wastebasket
   e. call bell

5. a. removal of waste
   b. damp mopping
   c. dusting
   d. care of flowers
   e. removal of unnecessary articles

6. in a hamper or laundry bag

7. label and take to nurse's station

8. a. plastic liner
   b. damp cloth
   c. whisk broom
   d. wax
   e. damp cloth and detergent

CHANGE BED LINENS

ANSWERS TO TEST

1. Wrinkles make patient uncomfortable.

   Wrinkles may contribute to formation of bed sores.

2. 26"

3. 13"

4. Bed is made up, and covered with a spread to protect the linens from dust and dirt. There is no patient in the bed.

5. An unoccupied bed in which the top sheet and spread are fan folded back.

6. The patient remains in the bed while it is made.

7. The linens on the bed are arranged so the patient may easily transfer from a stretcher to the bed.

8. To avoid contamination from soiled linens.

9. a. to protect the mattress from soilage

   b. to protect patient's skin from irritation by contact with the protective sheet

10. mattress pad

    bottom sheet

    protective sheet

    drawsheet

    top sheet

    blanket

    bed spread

11. Pick up selvaged edge of sheet.

    Lay triangle back on bed.

    Tuck lower portion under mattress.

    Hold fold with one hand, bring triangle down.

    Tuck the hanging portion under the mattress.

12. The bath blanket is used to keep the patient covered as linens are changed when making the bed.

13. To conserve time and energy.

14. To provide toe room for the bedfast patient.

15. Demonstrate to the satisfaction of the instructor.

RUN ERRANDS AND DIRECT VISITORS

ANSWERS TO TEST

1. a. listen carefully to instructions
   b. write important information if necessary
   c. be sure you know the name of the person and department where the message is to be delivered
2. a. the shortest and fastest
   b. yes
   c. dependable person as police officer or bus driver
   d. call supervisor
3. a. True
   b. False
   c. True
   d. True
   e. False
   f. True
   g. False

ANSWER TELEPHONE

ANSWERS TO TEST

1. a. promptly
   b. yourself
   c. message
   d. calendar
   e. legibly

2. a. dial tone
   b. as dial returns to normal position
   c. one

3. a. True
   b. False
   c. True
   d. True
   e. False

4. any six of the following
   a. how to call in emergency situations (fire, police, ambulance)
   b. localities served by directory
   c. dialing instructions
   d. area codes
   e. how to place service calls (repair, assistance on calls, information)
   f. rates for out-of-town calls
   g. how to send telegrams by telephone
   h. how to make overseas calls

5. alphabetically

6. by street address, addresses are arranged alphabetically

7. commercial listings of businesses and products

TAKE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION RATES

ANSWERS TO TEST

1. 8 a.

7 b.

1 c.

12 d.

13 e.

20 f.

5 g.

10 h.

15 i.

6 j.

21 k.

9 l.

18 m.

3 n.

19 o.

2 p.

11 q.

17 r.

16 s.

14 t.

4 u.

2. a. Pulse

b. Disease or infection

c. Vital signs

d. Once a day

3. a. Food

   b. Skin

4. a. Orally

      (1) Easiest

      (2) Most convenient

      (3) Most comfortable

   b. Rectally

      (1) Most accurate

      (2) Safest

      (3) Frequently used for children under 6 years of age

   c. Axillary

      (1) Least accurate

      (2) Only used when neither of the other two methods can be used

5. Answer should include either a, b, or c.

   a. Orally

      (1) When breathing is difficult

      (2) Nasal or oral obstruction

      (3) If patient is senile, acutely mentally ill, confused, or unconscious

   b. Rectally

      (1) Surgery of the perineum or rectum

      (2) Dilation of the rectum due of fecal material or flatus

      (3) Severe diarrhea

   c. Axillary--Least accurate

6. ___6___ a.

   ___2___ b.

   ___1___ c.

   ___4___ d.

   ___5___ e.

   ___3___ f.

7. a. External environment

   b. Internal environment

   c. Sex

   d. Age

   e. Emotions

   f. Time of day

   g. Exercise

8. a. Hold thermometer at eye level

   b. Locate solid column of mercury

   c. Look at the markings on the side of column of mercury

   d. Each long line indicates one degree, and the four short lines represent 2/10 or 0.2 of a degree

   e. The thermometer is read at the end of the mercury column

9. Five of the following:

   a. Temporal

   b. Carotid

   c. Brachial

   d. Radial

   e. Femoral

   f. Dorsalis pedis

10. _5_ a.

_4_ b.

_2_ c.

_1_ d.

_3_ e.

11. a. Activity

b. Emotions

c. Drugs

d. Endocrine disturbances

e. Elevated temperature

12. Any five of the following:

a. Age

b. Sex

c. Exercise

d. Pain

e. Fever

f. Emotions

g. Heart disease

h. Respiratory disease

i. Some drugs

13. _4_ a.

_6_ b.

_5_ c.

_1_ d.

_7_ e.

_2_ f.

_3_ g.

14. Any six of the following factors:
    a. Condition of walls of arteries and arterioles
    b. Rate of heartbeat
    c. Exercise
    d. Emotions
    e. Sex
    f. Hemorrhage
    g. Shock
    h. Drugs
    i. Endocrine function
    j. Attitude
    k. Smoking
    l. Location where taken

15. a. Systolic pressure--The contraction of the ventricle as it forces the blood into the artery, resulting in the first heart sound heard (systole)
    b. Diastolic pressure--The relaxed phase of the heart; the last sound or change you hear (diastole)
    c. Pulse pressure--The difference between systolic and diastolic pressure

16. a. The brachial artery at the bend of the elbow
    b. The popliteal area with the cuff applied above the knee

MEASURE AND RECORD FOOD AND LIQUID INTAKE AND OUTPUT

ANSWERS TO TEST

1. a. by mouth

   b. intravenously

   c. by hypodermoclysis

2. a. urination d. heavy bleeding

   b. respiration e. drainage tubes

   c. liquid stools f. vomiting

3. a. graduate

   b. patient

   c. liquid

   d. intake

   e. intravenous

4. a. true

   b. false

   c. false

   d. true

   e. true

5. 1. 5 oz. = 150 cc

   2. 8 oz. = 240 cc

   3. 2.5 oz. = 75 cc

   4. 16 oz. = 480 cc

   5. 9 oz. - 270 cc

6. The food is measured before it is offered to the patient. The uneaten food is measured. The amount of food eaten is determined by subtracting the amount of uneaten food from the amount served.

7. See completed "Fluid Intake and Output Record"

APPLY COLD

ANSWERS TO TEST

I.

1. f	5. i	8. e
2. j	6. g	9. h
3. a	7. b	10. c
4. d		

II. Any four of the following five:

a. causes contriction of blood vessels, thus controlling bleeding

b. relieves pain

c. reduces fever

d. reduces swelling

e. slows suppuration

III. Any three of the following five:

a. cold treatments must always be ordered by the doctor

b. the attendant receives orders for patient care from the supervisor, and reports any information about the treatment to the supervisor

c. always explain procedures to the patient, and take greatest care to ensure the patient's comfort

d. the patient must be closely watched during cold treatments to avoid over chilling the patient, or even frostbite. Extremities are extremely vulnerable

e. the aged, infants, and comatose patients are more likely to suffer adverse affects from cold applications

IV.

a. hypothermia blankets	d. doctor
b. moist cold	e. the supervisor
c. fever (temperature)	

V.

a. false	d. true
b. true	e. false
c. true	

APPLY HEAT

ANSWERS TO TEST

1. Any five of the following:
    - a. treat disease
    - b. relax tense muscles
    - c. relieve inflammation and swelling
    - d. combat local infections
    - e. give patient a feeling of warmth, comfort, and relaxation
2. a. dilation, thus increasing blood flow to heated area
    - b. increases perspiration
3. Any two of the following:
    - a. hot water bottle
    - b. electric heating pad
    - c. heat lamp
    - d. chemical hot pack
4. Any two of the following:
    - a. hot compresses
    - b. sitz baths
    - c. hot soaks
    - d. moist hot dressings
    - e. steam inhalation
5. Any six of the following nine:
    - a. Heat is applied only when ordered by a doctor. If a patient asks for heat, refer the request to your supervisor.
    - b. Be sure to follow the doctor's orders precisely as to the exact site, duration, and frequency of treatment.
    - c. Check equipment carefully before use.

- d. Make the patient as comfortable as possible during treatment.
- e. Always check the temperature of water or solutions with a bath thermometer before use.
- f. Be aware that patients are easily burned with heat applications.
- g. Take special care with patients who are comatose, under anesthesia, or disoriented.
- h. Remember that diabetics or any patients with circulatory impairment are more susceptible to burns.
- i. Some parts of the body are more sensitive to heat than others (e.g., the inside surface of the arm, the neck, or eyelids.)

6. to avoid burning the patient

NURSE AIDE, CENTRAL SUPPLY

PREPARE DRESSING PACKS

ANSWERS TO TEST

1. Answers should include any 4 of the 5.
   a. should be permeable to sterilizing medium
   b. have good filtering qualities
   c. strong enough to hold articles being sterilized without tearing
   d. free of holes
   e. large enough to contain and protect supplies
2. paper may char
3. Any 3 of the 4.
   a. cotton
   b. cellulose
   c. silk
   d. wool
4. ravels from raw edges of a dressing could cling to a wound and impede healing
5. sponges can be seen in x-ray picture
6. B C A E D
7. a. sponges
   b. gauze bandages
   c. gauze bandages for pressure dressing
   d. cotton balls
   e. tonsil sponge
   f. cherry (peanut) sponge
   g. fluff sponge

STERILIZE PACKS, TRAYS, AND OTHER SUPPLIES

ANSWERS TO TEST

1. a. 2
   b. 7
   c. 5
   d. 1
   e. 3
   f. 4
   g. 6
   h. 8

2. a. steam under pressure
   b. boiling water
   c. chemicals
   d. radiation

3. The temperature of steam may be increased by collecting it under pressure. An autoclave is devised to use steam under pressure

4. Both the autoclave and the pressure cooker destroy bacteria using steam under pressure

5. Boiling water does not kill spores and some viruses

6. Advantage: can be used to sterilize items that would be damaged or destroyed by other methods of sterilization

   Disadvantages: (either of these two) material must be thoroughly aerated before use. Ethylene oxide is toxic to humans

7. a. ampules containing pellets
   b. card or strip containing dye
   c. tape that changes color

8. Use of live bacteria or biological control

CLEAN SUPPLIES

ANSWERS TO TEST

I.
1. g
2. f
3. c
4. d
5. b
6. h
7. a
8. e

II.
1. mild abrasive
2. cool water
3. ether
4. ultrasonic cleaner
5. detergent and water

III. Any three of these four:
1. washer-sterilizer
2. soak in chemical disinfectant
3. exposure to gas (ethylene oxide)
4. radiation

IV. Advantage: (one of these) eliminate cleaning chores

ensures clean, sterile supplies

Disadvantage: Cost

PREPARE TREATMENT TRAYS

ANSWERS TO TEST

1. The hospital or office, or the doctor
2. Clutter the working area and add extra work in preparation and cleaning
3. Expense and convenience
4. Tray is assembled and then sterilized
5. a. tongue depressor
   b. nasal speculum
   c. ophthalmoscope
   d. otoscope
   e. percussion hammer
   f. stethoscope
   g. sphygmomanometer
   h. tape measure
   i. gloves
   j. emesis basin
   k. knife handle
   l. knife blade
   m. hemostat
   n. medicine glass
   o. sponge forceps
   p. tissue forceps
   q. towel clips
   r. curved scissors (Metzenbaum)
   s. needle holder
   t. mosquito forceps
   u. syringe
   v. needle
   w. suture scissors
   x. bandage scissors

ISSUE AND STORE SUPPLIES

ANSWERS TO TEST

1. storage rooms or Central Supply
2. decreases the amount of work of cleaning and assembling equipment
3. increases bulk storage needs
4. cool, clean, dry
5. at the back or on bottom shelf.
6. list of supplies and amount of each
7. a. shows items needed when ordering supplies
   b. useful as a guide in locating supplies in storage
   c. used in planning the budget
8. a. inventory cards
   b. monthly inventory sheets
9. supplies are added to inventory of the department and subtracted from the inventory of the store room
10. a. laundry in the medical facility
    b. use of disposable linens
    c. linens supplied by a commerical linen supply service

ANSWERS TO TEST INVENTORY CARD

St. Catherine's Hospital
1600 Grand Avenue
Fenton, Texas 67432

Needles

Number received	Description	Unit supply	Catalogue number	Location	Number on hand	Total number	Date
1 gross	Needles, Yale, re-usable 25 x 5/8"	12 doz/ box	7673	12-G	1 gross	2 gross	
1 box	Needles Sterile Disposable 25 x 5/8"	100/box	7602	12-A	1 box	2 boxes	
1 box	Needles, Yale, Resuable 23 x 2"	100/box	7675	12-H	1 box	2 boxes	

PREPARE PATIENT FOR DELIVERY

ANSWERS TO TEST

1. A calm, quiet, competent manner will reassure the apprehensive patient
2. Identify the patient
3. To know whether the baby is premature or at term
4. The anesthesiologist needs this information
5. To prevent expulsion of fecal material during delivery causing contamination of the area and endangering the baby
6. The doctor makes rectal examinations during labor
7. The enema may stimulate uterine contractions
8. To make the area as free of bacteria as possible and thus minimize the chance of infection
9. Lithotomy

NURSE AIDE, DELIVERY

PREPARE PATIENT FOR DELIVERY

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CLEAN DELIVERY ROOM

ANSWERS TO TEST

1. with damp cloth
2. mopped
3. wiped with antiseptic solution
4. threads, lint, or hair
5. to see if the table works properly
6. answers will vary

NURSE AIDE, NURSERY

ANSWERS TO TESTS

Bathe Newborn

1. The navel and/or circumcision takes about two weeks to heal and should not be placed in water during healing process

2. The adult hand is not as sensitive to heat or cold temperatures as is the adult elbow and there is less likelihood of burning the baby

3. Cotton wrapped on a stick may injure these delicate parts of a baby's body

4. Apply powder or lotion to your hand and then rub it gently on the baby's body

5. Pour a small amount of alcohol into a sterile cotton ball and gently dot the umbilical area

6. The skull fontanelles

7. Bleeding, lack of urination within an eight hour period, and possible infection

8. Navel

9. Give baby a few sucks of boiled drinking water from sterile bottle and then check the mouth for any white spots or other abnormalities. Report these to the doctor

NURSE AIDE, NURSERY

ANSWERS TO TESTS

Weigh Newborn

1. To enable the doctor to determine how well the baby is adjusting to life and the feeding, and to regulate the amount of milk needed by the baby
2. Between 6 and 8 pounds, and 19 and 21 inches
3. So that the added weight of the diaper, pad, or transfer paper is not added to the baby's weight
4. So that you can read the correct weight. The markings will look different from an angle

NURSE AIDE, NURSERY

ANSWERS TO TESTS

Dress Newborn

1. Comfortable, loose sleeping clothes that do not bind
2. Put the closed garment on feet first, lifting the baby by the ankles to work the shirt over the buttocks to the chest
3. Always protect the baby's fingers by placing your hand over the baby's entire hand when putting the baby's hand through a sleeve
4. No, because pinning restricts the baby's movements and soon tears the shirt
5. Place the safety pins on the diaper perpendicular to the baby's body and with the heads of the pins pointing toward the baby's back
6. Meconium is a waste product formed in the baby's intestines during the latter months of pregnancy
7. Blood, mucus, foul odor, curds, frothing, constipation, and diarrhea
8. Before the baby is fed, or whenever the baby cries

NURSE AIDE, NURSERY

ANSWERS TO TESTS

Feed Newborn

1. a. rooting reflex--enables a baby to search for and find something to suck

   b. sucking reflex--enables a baby to draw fluid into the mouth

2. Because it provides most of the nutritional requirements for them during the first months of life

3. For the first 8 hours after birth a newborn is fed nothing by mouth. Then during the next 12 hours, the baby is fed either plain water or sugar water every 4 hours

4. Every 4 hours usually at 6 a.m., 10 a.m., 2 p.m., 6 p.m., and 2 a.m.

5. a thin, watery secretion rich in protein which is first produced in a mother's breasts 2 or 3 days after delivery

6. a. change baby's diaper

   b. wrap baby in receiving blanket

   c. have mother wash her hands and breasts, if breast-feeding

   d. have mother check the baby's identification

   e. have mother sit comfortably in chair or bed

7. To prevent the baby from swallowing air

8. Because the baby might gag and be deprived of the mother's physical contact, warmth, and cuddling